U100038816

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(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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RECRETARY OF STATE
AND SHASSEL FLORD

D. SCOTT MAR - 3 2017

COVER LETTER

TO:	Registration Se Division of Co			
~~.~		c Bodywork Solutions LLC		
SUBJE	CCT:	Name of Lim	ited Liability Company	·
		Amendment and fee(s) are sub ondence concerning this matter		
		Chandra S Dowd		
			Name of Person	
		Therapeutic Bodywork Sol	lutions LLC	
			Firm/Company	
		1107 Doris Street		
			Address	
		Altamonte Springs FL 327	14	
			City/State and Zip Code	
		therapeuticbodyworksolution		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information	concerning this matter, please co	all:	
Chand	ra Dowd		407 758-3379 at ()	SE SE
	Name	of Person		Telephone Number
Enclos	ed is a check for t	the following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
	MAII	LING ADDRESS:	STREET/COURII	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Therapeutic Bodywork Solutions LLC		
(Name of the Limited	l Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	bility Company were filed on February 17, 2017	and assigned
Florida document number L17000038816	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	r registered office address on our records, <u>enter</u> ce address here:	the name of the new
		四月 宣 台
New Registered Office Address:	Enter Florida street address	707
	Enter Frontau Street agaress	· 30 · 30
	, Florida	3/=
	Citv	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Chandra S. Dowd	1107 Doris Street	■ Add
		Altamonte Springs, FL 32714	☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			<u>≥</u> i Charlge
			CRE Add - 1
			Remiove U
			- D'Renfove U
			Add
			Remove
			☐ Change

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n ee	FER 2014 A V 27 2017
lfane	tive date, if other than the date of filing: FEBRUARY 27, 2017 (optional) frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	February 27

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Typed or printed name of signee

Filing Fee: \$25.00