## 118000026397

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 2.2 2018

## **COVER LETTER**

Division of C	orporations		
Apex Ma	assage Bodyworks, L.L.C		
SUBJEC.1	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Joshua R. Gonzalez		
		Name of Person	
		Firm/Company	
	P.O Box 580024		
		Address	
	Kissimmee, FI 34758		
		City/State and Zip Code	
	joshuagonzalez@rocketr		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Joshua Gonzalez		863 800-7081	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Massage Bodyworks. L.L.C				
( <u>Name of the Limited Li</u> (A F	iability Compa lorida Limited	ny as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liabili	ity Company	were filed on January 30, 2018	and ass	igned
lorida document number L18000026397	·			
his amendment is submitted to amend the followin	ıg:			
. If amending name, enter the new name of the	limited liab	ility company here:		
I/A				
ne new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "LI	C."
nter new principal offices address, if applicable	, <b>.</b>			
Principal office address MUST BE A STREET A		N/A	<del>1</del> 8	_ZE_S
incipal office dataess most be A STREET A	DDRESS)		<b>X</b>	무
			7	- <u>25</u>
			70	CORP
nter new mailing address, if applicable:		N/A	<b>__</b>	-87
Aailing address MAY BE A POST OFFICE BOX	<u>0</u>		<del></del>	<u> </u>
			00	<del>_ </del>
. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:			r the name o	of the
				-
New Registered Office Address:	/A	Enter Florida street address		
		·		
_	·	, Florida City	The Carl	
		Caly	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>	Address	Type of Action
AMBR	Michael Brashear	33936 Picciola Dr.	■ Add
		Fruitland Park, FI 34731	□ Remove
			☐ Change
			☐ Remove
			Add
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	nust be specific and cannot be prior to date		ling.) Pursuant to 605.
	block does not meet the applicable sta Department of State's records.	atutory filing requirements, this d	ate will not be liste
		<b></b>	
cord specifies a delay e 90th day after the r	ed effective date, but not an e ecord is filed.	effective time, at 12:01 a.r	n. on the earlie
May 17	2018		
May 17			
	6 1 . 01	1 1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00