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SECRETARY OF STAFFOR OF DIVISION OF CORPORATIONS

N COOPET MAY 2 4 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: EVOLUTION Massage LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kristi Kilfeather Name of Person	
Evolution Massage LLC Firm/Company	
6222-1 Riverwalk Ln Address	
Jupiter, Fl 33458 City/State and Zip Code	
Lupiter, F1 33458  City/State and Zip Code  KKilfeather Imt @ gmail. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kristi Kilfeather at (561) 222 - 3219 Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
SSE SE	tatus &

MAILING ADDRESS:

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compan	y were filed on 5/9/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SEDR DIVISION
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	IA	FILED ARY OF STA OF CORPORA Y21 AM 8:
B. If amending the registered agent and/or registered	office address on our records, enter	the name of the no
registered agent and/or the new registered office address he	<u></u> : /	
Name of New Registered Agent:	$\mathcal{N}_{\Delta}$	
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	City	ыр с.оае

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Kristi Kilfeather	6222-1 Riverwalk Ln. Jupiter, Fl 33458	Add
		Jupiter 1 33428	□ Remove
			Change
			Add
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d  Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	_ (optional) ays after filing.) Pursuant to 605. ints, this date will not be liste	.0207 (3 ed as th
the record specifies a delayed effective date, but not an effective time, at 1 o) The 90th day after the record is filed.	2:01 a.m. on the earlie	er of:
Dated		
Kristi Kilfeather Typed or printed name of signee		

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Filing Fee: \$25.00