## L18000 174825

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filips Offices  |
| Special Instructions to Filing Officer: |
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JAN 15 2020 C MCNAIR

## **COVER LETTER**

| TO: Registration Section Division of Corporations |   | •  |
|---|---|--|
| SUBJECT: Flite Thura                              | Name of Limited Liability Company   | ·  |
| The enclosed Articles of Amendment a              | and fee(s) are submitted for filing.  | 19 O.E.C.)   |
| Please return all correspondence conce            | rning this matter to the following:   |  |
| Jen   | Name of Person  |  |
|   | Firm/Company  |  |
| 412   | 6 23 <sup>rd</sup> Avenue N   |  |
| <u></u>   | · Petersburg FL 33713 City/State and Zip Code   |  |
| <del></del>                                       | Sabina modeste a mail . com E-mail address (to be used for thrure annual report notification) |  |
| For further information concerning this           | s matter, please call:  |  |
| Jenny Sabina Modes Name of Person                 | ste at (908) 456-546<br>Area Code Daytime Telephor  | 5<br>ne Number   |
| Enclosed is a check for the following as          | nount:  |  |
|   | Filing Fee &  S55,00 Filing Fee &  Certified Copy (additional copy is enclosed)               | \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section             | Street Address: Registration Section  |  |

Registration Sections
Division of Comporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12.11.19 Limited = Elite Therapeutic touch LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (A Florid   | a Limited Liability Company)              | 12018                                 |
|---|---|---------------------------------------|
| The Articles of Organization for this Limited Liability Councida document number 180 720 \03547           |   | /2018 and assigned                    |
| This amendment is submitted to amend the following:   |   |                                       |
| A. If amending name, enter the new name of the lim  | nited liability company here:             |                                       |
| The new name must be distinguishable and contain the words "Lin   | nited Liability Company," the designation | "LLC" or the abbreviation "L.I, C."   |
| Enter new principal offices address, if applicable:   |   |                                       |
| (Principal office address MUST BE A STREET ADDI   | RESS)                                     | <del> </del>                          |
| Enter new mailing address, if applicable:   |   |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  | · · · · · · · · · · · · · · · · · · ·     | · · · · · · · · · · · · · · · · · · · |
| maning dances may be a room of rice boxy  |   |                                       |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our records, e        | nter the name of the new registered   |
| Name of New Registered Agent:   |   | **                                    |
| New Registered Office Address:  |   |                                       |
|   | Enter Florida street a                    | address                               |
|   | /Yes                                      |                                       |
|   | City                                      | гір Соав                              |

## 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 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         | Kaylynn Green | 4126 23rd Avenue N      | <b>X</b> JAdd  |
|              |               | St. Petersburg FL 33713 | □Remove        |
|              |               |                         | Change         |
|              |               |                         | □Add           |
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| Effective date, if other than the date of filing:  [In effective date, if other than the date of filing:  [In effective 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 605.028  [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed abcument's effective date on the Department of State's records.  [In effective date on the Department of State's records.]  [In effective date on the Department of State is records.]  [In effective date on the Department of State is records.]  [In effective date on the Department of State is records.]  [In effective date on the Department of State is records.]  [In effective date of thing or more than 90 days after filing.) Pursuant to 605.024 and the state of thing or more than 90 days after filing. The 90th day after the date of thing or more than 90 days after filing.) Pursuant to 605.024 and the state of thing or more than 90 days after filing.) Pursuant to 605.024 and the state of thing or more than 90 days after filing.) Pursuant to 605.024 and the state of thing or more than 90 days after filing.) Pursuant to 605.024 and the state of thing or more than 90 days after filing.) Pursuant to 605.024 and the state of thing or more than 90 days after filing.) Pursuant to 605.024 and the state of thing or more than 90 days after filing.) Pursuant to 605.024 and the state of thing or more than 90 days after filing.) Pursuant to 605.024 and the filing or more than 90 days after filing.) Pursuant to 605.024 and the filing or more than 90 days after filing.) Pursuant to 605.024 and filing or more than 90 days after filing.) Pursuant to 605.024 and filing or more than 90 days after filing.) Pursuant to 605.024 and filing or more than 90 days after filing.) Pursuant to 605.024 and filing or more than 90 days after filing.]   |                        |  |
|---|------------------------|--|
| Note: If the date inserted in this block does not incer the applicance and document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.  Detember 11 2019  |                        |  |
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| Dated December 11, 2019.  | Nissana I              | f the date incerted in this plack does not meet the approach a summer.   |
|   | e record<br>rd is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed. |
|   | Dated                  | December 11, 2019.   |
| Signature of a member or authorized representative of a member  | <i></i>                |  |
| I I was to be a second of the |                        | Signature of a member or authorized representative of a member   |
| Jenny Sabina Modeste Typed or printed name of signee  |                        |  |

Filing Fee: \$25.00