## L19000094457

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## **COVER LETTER**

10:		sion of Co		   <b>s</b> 		
SUBJE		Nola Rain	Therapeu	; tic Massage And Body 	ywork LLC	
30000	<b></b>			Name of Lim	ited Liability Company	
The encl	losed	Articles of	Amendm	ent and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ondence c	oncerning this matter	to the following:	
			Chris	ty Nguyen		
			- Nola	Rain Therapeutic Ma	Name of Person ssage And Bodywork LLC	<del></del>
			7281	Sunshine Grove Rd.	Firm/Company	
			Broo	ksville/Florida 34613	Address	
			Nehris	sty22@yahoo.com	City/State and Zip Code	
e e .i		c	. 1		o be used for future annual report no	stification)
Christy i			concerning	g this matter, please ca	352 942-1644	
		Name o	of Person		at () Area Code Dayti	me Telephone Number
Enclosed	d is a	check for t	he followi	ng amount:		
\$25.	00 Fi	ling Fee		:00-Filing Fee & enificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. B	ING ADI ration Sec on of Corp ox 6327 assee, FL	tion porations	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2019

CHRISTY NGUYEN 7281 SUNSHINE GROVE RD BROOKSVILLE, FL! 34613

SUBJECT: NOLA RAIN THERAPEUTIC MASSGE AND BODYWORK LLC

Ref. Number: L19000094457

We have received your document for NOLA RAIN THERAPEUTIC MASSGE AND BODYWORK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00009072

RECEIVED 1948/24 PH F-10

www.sunbiz.org

## ARTICLES OF AMENDMENT , **TO**. ARTICLES OF ORGANIZATION **OF**

i	ARTICLE	S OF AMENDMENT	
'		· TO	
	ARTICLES	OF ORGANIZATION	6/2. 11
		OF	20/9/1/2/1/2/1/2/1/2/1/2/1/2/1/2/1/2/1/2/1
=	utic Massge And Bodywo		**/ <sub>2</sub>
<u>(N</u>	ame of the Limited Liabilit	y Company as it now appears on our red Limited Liability Company)	cords.)
•	(11101100	Elimited Eliability Company)	
The Articles of Organization for	this Limited Liability C	ompany were filed on 04/04/2019	and assigned
Florida document number 00032			
i ionaa aocament namoci		<del></del> -	
This amendment is submitted to	amend the following:		
A. If amending name, enter th	o now name of the limit	tod lightlife, gammanı, b	
}	l	ted hability company nere:	
Nola Rain Therapeutic Massage A	· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable	and contain the words "Limi	ited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices add	dress, if applicable:		
(Principal office address MUST		PECC)	· · · · · · · · · · · · · · · · · · ·
Timepai office address in OST	BL A STREET ADDR	<u> </u>	-
Enter new mailing address, if a	applicable:	· <del>-</del>	
(Mailing address MAY BE A Po	OST OFFICE BOX)		
		-	
•			
B. If amending the registers	 ed_agent_and/or_regist	tered office address on our reco	ords enter the name of the n
registered agent and/or the nev	v registered office add	ress here:	rids, enter the name of the I
i			
Name of New Register	od August:		
ivanic of tvew register	<u>-d Agent.</u>		
New Registered Office	Address:		·
		Enter Florida street ad	dress
			Florida
		City	Zip Code
New Registered Agent's Signatur	e, if changing Registered	l Agent:	
nereoy accept the appointment provisions of all statutes relative	u as registerea agent t	and agree to act in this capacity. It complete performance of my duties	further agree to comply with t
accept the obligations of my po	osition as registered ag	ent as provided for in Chapter 60	5. F.S. Or, if this document is
being filed to merely reflect a c	change in the registere	d office address, I hereby confirm	that the limited liability
company has been notified in v	vriting of this change.	- · ·	•
		If Changing Registered Agent, Signatu	re of New Registered Agent
		-	
		Page 1 of 3	

or removed	from our records:		,	
MGR = M $AMBR = A$	lanager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Remove
	1		-	Change
	, , ,			Remove
	1			
	1			Remove
				Change
				Remove
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				Add
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				Remove
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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 days after filing.) Pursuant to 605.0207 (3)xt Note:  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's precords.  (If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filled.  Dated April 19  2019  Signature of a member or authorized representative of a member  Christy Nguyen  Typed or printed name of signace  Page 3 of 3  Filling Fee: \$25.00	D. If amending any other inf	 ormation, enter change	(s) here: (Attach additional sheets, if necessary.)
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