

L19000094457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

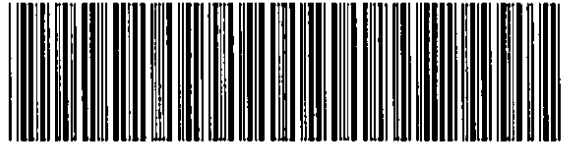
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/26/13--01010--01L \$25.00

2019 MAY 26 AM 7:45

FILED

Name chg

MAY 28 2019

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nola Rain Therapeutic Massage And Bodywork 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:

Christy Nguyen

Name of Person

Nola Rain Therapeutic Massage And Bodywork LLC

Firm/Company

7281 Sunshine Grove Rd.

Address

Brooksville/Florida 34613

City/State and Zip Code

Nchristy22@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Nguyen

352 942-1644
at ()

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:
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



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

2019 MAY 24 PM 1:10

STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Nola Rain Therapeutic Massage And Bodywork LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAY 24 AM 7:45
FILED

The Articles of Organization for this Limited Liability Company were filed on 04/04/2019 and assigned
Florida document number 000327528750

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Nola Rain Therapeutic Massage And Bodywork LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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