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COVER LETTER

	ation Section of Corporations			
SUBJECT:	MI)TOWN M Name of L	ASSAGE & FOOT Similed Liability Company	SPA LLC	
The enclosed Art	icles of Amendment and fee(s) are s	ubmitted for filing.		
Please return all o	correspondence concerning this matt	er to the following:		
	Fr	Frank Rong Name of Person ank Rong CPA Firm/Company Grole N.E., #3 Address		ZOTO JUN 20 PH
	Tallaha tara a E-mail address	City/State and Zip Code Very 900 d cpa · com (to be used for future annual report notifi	ication)	PH 3: 47
For further inform	nation concerning this matter, please			
F	rank Rong Name of Person	at (<u>850</u>) <u>668 – 4</u> Area Code Daytime	4925 Telephone Number	
Enclosed is a che	ck for the following amount:			
S \$25.00 Filing	Fee S30.00 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 enclo	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

MIDTOUN M	ASSAG	E & FOOT	T SPA LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now apt bility Compan	o <mark>ears on our records.</mark>) iy)	•
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 19000 124 95 9</u> .	ere filed on	0510812	2019 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company	<u>/ here</u> :	20
Healing massage & foot The new name must be distinguishable and contain the words "Limited Liability	spa	LLC	<u> </u>
The new name must be distinguishable and contain the words "Limited Liability	Company," tl	he designation "LLC" o	or the abbreviation: L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			PH 3:
			147
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address	on our records,	enter the name of the new
Name of New Registered Agent:		 	
New Registered Office Address:		<u> </u>	
	Enter	Florida street address	
	_ <u>_</u>	, Flor	
	City		Zip Code
None Degistered Agentle Cigneture if the -i- Defitered Assets			

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
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Filing Fee: \$25.00