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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



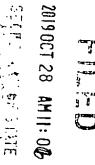


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ST. Petersburg MASSAGE THERAPY, 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:
JAMES F THOMASON Name of Person
St Petersburg Massace THERAPY, LCC
5142 8th Aue N
SANT PELISTAND FL 33710 City/State and Zip Code Limthomson LMT @ 5 ma. 1. com E-mail address: (to be used for juture annust report notification)
For further information concerning this matter, please call:
Jomes Thomason at (404) 441 7648 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signal Solution See Solution S

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

St. Peterburg MASSAGE (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	2019 007
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900 2528</u> 4 C	were filed on 10/8/19	and assigned 7
A. If amending name, enter the new name of the limited liab St. Peter Massace Therapy The new name must be distinguishable and contain the words "Limited Liabiletic Liabileti		abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5142 8th Ave N SAINT Perfors burg, F	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	51/2 8th Ave Saint Petrisburg	N)-1FC 33710
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	Zip Code
	Cny	гір Соас

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
<u>1MBR</u>	JAMES THOMASON	5142 8th Ave N	Add
		5142 8th Ave N St Peterslarg, FC 33710	□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			□ Change
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			Change
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			Change
			□ Add
			_□ Remove
			_ Change

2. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.
f 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.
Dated 10-23-2019 2019
Signature of a thember or authorized representative of a member James F Thomason Typed or printed name of signee
James F THOMSON Typed or printed name of signer

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Filing Fee: \$25.00