## Division of Concortions

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000344653 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEELS UP MASSAGE LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

KOV 27 2818

Electronic Filing Menu Corporate Filing Menu

Help

No. 2752 P. 2

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	t to section 605.0209, F.S., this document is being submitted to c The name of the limited liability company is:		ument.	
SECOND: The Florida Document number of the limited liability com		ompany is:	L19000279110	
THIRD:	Document to be corrected is: ARTICLES OF ORGANIZATION			
	(CHECK THE APPROPRIATE BOX AND COMPLET	TE THE APPLICABLE ST	<u> FATEMENT</u>	
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:			
	THE PURPOSE OF THE LIMITED LIABILITY WAS NOT SET FORTH.			
	THE LIMITED LIABILITY COMPANY IS A PROFESSIONAL LIMITED LIABILITY COMPANY AND THE			
	PURPOSE IS FOR THE PRACTICE OF MASSAGE THERAPY			
9	<u>OR</u>			
	Was defectively signed. The manner in which the document was sollows:	s defectively signed and the	appropriate correction are	
-				
-				
	<u>OR</u>	· · · · · · · · · · · · · · · · · · ·		
<u>.</u>	The electronic gransmission of the record was defective.		(S) (**)	
	Lawrence Or Brisis	11/26/2019	<u> </u>	
	Signature of Authorized Representative	Date	- ₹4.2' 	
	e of new registered agent, if applicable :( NOTE: if correcting the g the designation).	e registered agent, the new r	egistered agent must sign	
I hereby provisios obligatio	gistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in to use of all statutes relative to the proper and complete performance ons of my position as registered agent as provided for in Chapter change in the registered office address, I hereby confirm that the hange.	e of my duties, and I am fam 605, F.S. Or, if this docume	siliar with and accept the ent is being filed to merely	
	Registered Agent's Si	gnature	_	

(H19000344453 3)

CR2E062 (9/15)