## L20 000051815

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SECRETARY OF STATE

JUH 20 2020

Division of Corporations	
SUBJECT: Restore 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:	
Johanna A. Braty Name of Person	
Destore Massage Therapy LLC Firm/Company	
441 Del Prado N. #4	
Cape Coral FL 33909 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Johanna A. Beaty at (239) 265-4727  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  □ Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status  □ Certified Copy (additional copy is enclosed)	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	
P.O. Box 6327 The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

Tallahassee, FL 32314

w:

## ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200 000 5   8   5   5   5   5   5   5   5   5  </u>	were filed on 02/14/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a agent and/or the new registered office address here:	AAI Del Prodo D.  ###  Cape Coral, F Prodo D  Sane as above 250 ###  Sane as above 250 ###  address on our records, enter the name of the new registered
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

MGR = Manager

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## AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Johanna A. Bearly	441 Del Prodo D. #4 Cape Coral, Fl 33909	DVAdd
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document's effective	layed effective date, but	t not an effective to	ime, at 12:01 a.m.	on the earlier of: (	b) The 90t	h day ai	fler the
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e record specifies a de d is filed.	25	_, 2020					
	25 John Signature	A.Boo	orized epresentative	e of a member			