

L200000 55193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

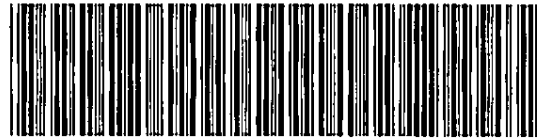
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STANDARD
TALLAHASSEE, FL

2020 AUG 12 AM 6:30

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D. BRUCE
SEP 3 2020

CSC - NCH - ~~REF~~

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
5605 Riggins Court Suite 200
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Tuesday, July 14, 2020

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Amendment to Articles of (Organization or Incorporation)
For **MOUNTAINS TO SEA MASSAGE THERAPY, LLC**

We have included payment in the amount of \$25.00 for the following fees:

- Amendment

We have included one original

If there are any questions, please call 800-638-2320

**Please return the file stamped copy of Amendment to Articles
of MOUNTAINS TO SEA MASSAGE THERAPY, LLC to the
address below:**

Processing Department
5605 Riggins Court Suite 200
Reno NV 89502

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TALLAHASSEE, FL

10
**ARTICLES OF ORGANIZATION
OF**

MOUNTAINS TO SEA MASSAGE THERAPY, LLC c
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/18/20 and assigned
Florida document number L20000055193

This amendment is submitted to amend the following:

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

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)

~~3233 Jurlington Creek~~ 3233 Jurlington Creek
~~3233 Jurlington Creek~~ Rel.
Jacksonville, FL 32223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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STATE

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: _____ (optional)
(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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 07/09/2020 →

Susie O'Brien
Signature of a member or authorized representative of a member

Susie O'Brien

Typed or printed name of signer