## K21000059826

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## **COVER LETTER**

TO; \ Registration Se Division of Cor			
	II MASSAGE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
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	Amendment and fee(s) are sub-	-	
Please return all correspo	ondence concerning this matter t	to the following:	
	LIWEI LI		
		Name of Person	<del></del>
	ANGELS 21 MASSAGE L	LC	
		Firm/Company	
	55 PLAZA DRIVE SUľ	re 7	
		Address	
	PALM COAST, FL 32137		
		City/State and Zip Code	<del></del>
	LILY112180@ICLOUD.CO	OM to be used for future annual report notif	(Ication)
For further information of	concerning this matter, please ca		,
LIWEI LI		718 581-3339	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 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 enclosed)
Mailing <u>Addre</u>	<u>ss:</u>	Street Address:	
Registration	Section	Registration Sec	
₩ Division of C P.O. Box 632		Division of Cor The Centre of T	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGELS 21 MASSAGE LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company florida document number $\frac{L21000059826}{L}$ .	were filed on <u>02/03/2021</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	55 PLAZA DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 7		
	PALM COAST, FL 32137		
Enter new mailing address, if applicable:	55 PLAZA DRIVE		
(Mailing address MAY BE A POST OFFICE BOX)	Liability Company," the designation "LLC" or the abbreviation "L.I.  55 PLAZA DRIVE  SUITE 7  PALM COAST, FL 32137  55 PLAZA DRIVE  SUITE 7  PALM COAST, FL 32137  Fire address on our records, enter the name of the new		
<del></del>	PALM COAST, FL 32137		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the nan	ne of the new registo	
		5	
New Registered Office Address:	Enter Florida street address		
	, Florida	Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	:	1	

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			🗆 Add
			Remove
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific an block does not	id cannot be prior meet the applic	to date of filing of able statutory f			
e record specifies a delayed effec rd is filed.	ive date, but no	ot an effective ti	me, at 12:01 a.	m. on the earlier	of: (b) The 90	th day after the
Dated		2021				
· Q	<del>_</del>					
* Att	Signature of a	member or author	orized representa	tive of a member		