# L22000047585

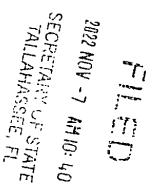
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
Instructions to Filing Officer:
matructions to 1 ming officer.

Office Use Only



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# **COVER LETTER**

## Registration Section Division of Corporations

12.4141	ASSAGE DAY SPA LLC				
		ited Liability Company	<del></del>		
	i				
:losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
eturn all correspo	ondence concerning this matter	to the following:			
	SHIYUN XIE				
	Name of Person POINT MASSAGE DAY SPA LLC				
		Firm Company			
	469 ATLANTIC BLVD STE 7				
	Address				
	ATLANTIC BEACH, FL 32233				
	City/State and Zip Code				
	xie927443339@gmail.com		<del></del>		
		to be used for future annual report note	fication)		
her information c	concerning this matter, please ca	all:			
IN XIE		626 899-2764			
Name (	of Person	at () Area Code Daytim	e Telephone Number		
ed is a check for t	he following amount:				
5.00 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)		
		Sauce Adding			

### Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POINT MASSAGE DAY SPAILLC (Name of the Limited Liability Company as it now appears on our records.) (A Fiorida Limited Liability Company) rticles of Organization for this Limited Liability Company were filed on  $\frac{01/24/2022}{100}$ and assigned mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

chy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filled to merely reflect a change in the registered office address, I hereby confirm that the limited liability wany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_

nding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added noved from our records:

ManagerR = Authorized Member

Name	Address	Type of Action
YUMEI ZHANG	469 ATLANTIC BLVD STE 7	
	ATLANTIC BEACH, FL 32233	≣Remove
		\ \ \ \
		Remove
		TChange
		□Remove
		□Remove
		Remove
		TChange
		🗀 Add
		□Change

ve date, if other than the date of filing:	
ctive date is listed, the date must be specific and o	cannot be prior to date of filing or more than $90 \text{ days}$ after filing.) Pursuant to $605.0207 (3)$ eet the applicable statutory filing requirements, this date will not be listed as the
specifies a delayed effective date, but not a	an effective time, at 12:0) a.m. on the earlier of: (b) The 90th day after the
11/3/	2022
Signature of a m	2022  Shi Jun Xi C  Tember of authorized representative of a member
SHIYUN XIE	
<del></del>	Typed or printed name of signee

Filing Fee: \$25.00