

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H11000204778 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

L. SELLERS

AUG 17 2011

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number

: (305)633-9696

EXAMINER

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 O ASIAN WELLNESS SPA AND MASSAGE L.L.C.

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$25,00

AUG 16 PM 1:07 ECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

8/16/2011

9696889908 11:00 1102/91/80

(3)

ARTICLES OF AMENDMENT HIL 000204778 TO ARTICLES OF ORGANIZATION OF

O ASIAN WELLNE: (Name of the Limited Limbility (A Florida	SS SPA AND MASS	SAGE, LLC			
(A Florida	Limited Liability Company)				
The Articles of Organization for this Limited Liability C	Company were filed on	10/21/2010	_ and ass	igned	
Florida document number L.10000110127			_		
10100 0000	<u>. </u>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited Hability company here				
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compan	y," the designation "LLC	or the a	bbrevia	tion
Enter new principal offices address, if applicable:	·				_
(Principal office address MUST BE A STREET ADDLE	PESS				
		·			_
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	•				_
					
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		r records, enter the	name of	the n	EW
			Fis	فيت	
Name of Now Registered Agent:				144	_ mag_q
New Registered Office Address:			## <u></u>	2	
	Enter	r Florida street address	· En	.0	i in the second
·		, Florida	Ties	77	
•	City	2	Zip Code	Ö	
New Registered Agent's Signature, if changing Registered	Agents		20 M	10	
I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper an accept the obligations of my position as registered ag	d complete performance of ent as provided for in Chap	my duties, and I am f pter 608, F.S. Or, if th	lamiliar v his docum	with an nent is	nd
being filed to merely reflect a change in the registered company has been notified in writing of this change.	i office gaaress, 1 nereby c	onjum inai ine ilmitei	រ ដូន១បង្	V	
	If Changing Registered Agent,	Signature of New Register	red Agent		

08/19/5011 00:11 302933689

H1100 0204778

Page 1 of 2

H11000004778

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member <u> Yitle</u> <u> Мажое</u> Address Type of Action MGRM SANDOVAL, KATHIA 2499 GLADES ROAD, STE 113 ☐ Add **BOCA RATON FL 33431** Remove PILLET, MARINIO MGR 2499 GLADES ROAD, STE 113 7 Add BOCA RATON FI 33431 Remove ☐ Remove Add Remove Add Remove ___Add Remove D. If smeading any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member MARINIO PILLET Typed or printed name of signee Page 2 of 2

MGR = Manager

Filing Fee: \$25.00

H11000204778