L110000 81119

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	y/State/Zip/Phone #	
(01	yrotatorziph nono #)
PICK-UP		
(Bu	siness Entity Name)	1
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		1
	<u></u>	
	Office Use Only	
4		
ND X		
ND		
`		



11/06/13--01014--008 **25.00

FILED 2013 NOV -5 PM 1: 24 SECRETARY OF STATE ALLAHASSEE, FLORIDA 1

e

KOV - 6 2013 T. HAMPTON

•	COVER LETTER
TO: Registration S Division of Co	
SUBJECT: Seas	side Spa LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Irene Cai
	Name of Person
	Youngmei Corp
	Firm/Company
	6724 Columbia Ave
	Address
	Lake Worth, FL, 33467
	City/State and Zip Code
	youngmeicpa@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Irene Cai	at (561)283-1258
Name	of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED **13 NOV -5 PM 3: 30** SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2013

IRENE CAI YOUNGMEI CORP 6724 COLUMBIA AVE LAKE WORTH, FL 33467

SUBJECT: SEASIDE SPA LLC Ref. Number: L11000081119

We have received your document for SEASIDE SPA LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 613A00025000

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	řn≺	Ų,	
SEASIDE SPA LLC		P	П
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)	STA		O
The Articles of Organization for this Limited Liability Company were filed on 7/14/2011		않 d assigi	ned
Florida document number L11000081119		-	

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

M: Litary Palm Beach 33415

10 13 NOV

440 5 Irai Militard

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

New Registered Office Address:	440 S Military Trail	. ·
<u></u>	Enter Florida street address	
	West Palm Beach	, Florida FL 33415
	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 608, 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

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

· · _ · .

-

.

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address .	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
		<u> </u>	Add
			Remove
			🗌 Add
		TALL	^
		AHASS	-5 -5
		TALLAHASSEE. FLORIDA	
		Alle Alle	Remove
			_
			Add
			Remove
			-
a	<u> </u>		Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Principal address change to:440 S Military Trail, West Palm Beach, FL, 33415

Mailing address change to: 440 S Military Trail, West Palm Beach, FL,33415

Dated $\frac{10/18/2013}{Wakg bas zhu}$, Signature of a member or authorized representative of a member

Baozhu Wang Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED 2013 NOV -5 PH 1: 24 SECRE TARY OF STATE TALLAHASSEE. FLORIDA