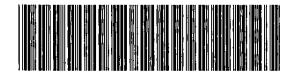
# 611000121256

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SECRETARY OF STATE
TALLAHASSEE, FLORID

T. BUTCH DEGILITATION

# **COVER LETTER**

Division of Corp	orations		
LULU MA	SSAGE LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	ANGELINA C. LI		
		Name of Person	<del></del>
	JAL ACCOUNTING,	P.A.	
		Firm/Company	<del></del>
	3363 SHERIDAN ST	REET, STE 214	
		Address	
	HOLLYWOOD, FL 3		
		City/State and Zip Code	
	ANGEL@JALACCOL	JNTING.COM to be used for future annual report notifica	
•		•	tion)
For further information cor	ncerning this matter, please co	all:	
HAO, WEI		954 963-6606	
Name of I	Person	at () Area Code Daytime Te	elephone Number
,			
Enclosed is a check for the	following amount:		
	-	<b>7.65</b> 00 FW F	
■ \$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)

TO:

Registration Section

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LULU MASSAGE LLC (Name of the Limite	ed Liability Compa (A Florida Limited l	ny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Li. Florida document number L11000121256	ability Company 	were filed on OCT 2	4, 2011	_ and ass	signed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
NONE					
The new name must be distinguishable and end with the v	words "Limited Liab	ility Company," the design	ation "LLC" or the abbro	eviation ".	L.L.C."
Enter new principal offices address, if applicable:		N/A	<u> </u>		
(Principal office address MUST BE A STREE	T ADDRESS)			17	***************************************
			AH.	<u> </u>	0,1
Enter new mailing address, if applicable:		N/A	ARY O	P	in the second se
(Mailing address MAY BE A POST OFFICE BOX)			FLO		2
			ATF RIDA	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or the new registered of			records, enter the	name	of the nev
Name of New Registered Agent:	HAO, WEI				
New Registered Office Address:	7441 COLL				
		Enter Florida str	eet address		

## 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.

City

MIAMI BEACH

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member <u>Title</u> **Address** Type of Action <u>Name</u> WALKER, WILLIE R MGR 1850 NE 199TH STREET □ Add NORTH MIAMI BEACH, FL 33179 Remove □ Add ☐ Remove \_\_\_\_\_ Remove □ Remove

\_□ Add

\_\_\_\_\_ □ Remove

NONE		
<u></u>		
	late of filing	/ (1 T)
Effective date, if other than the of the effective date must be specific, cannot be specific.		(optional)
	t be prior to date of receipt or filed date and can	

14 DEC | | PH 4: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 3 of 3

Filing Fee: \$25.00