

LI1000121256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

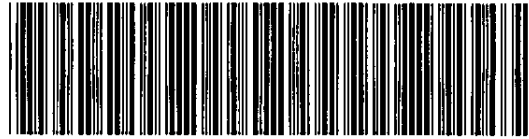
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100273843111

06/15/15--01041--003 **55.00

FILED
15 JUN 15 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 16 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LULU MASSAGE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH LEUNG, CPA

Name of Person

JAL ACCOUNTING, P.A.

Firm/Company

3363 SHERIDAN ST, STE 214

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

YIU28JO28@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH LEUNG

954

963-6606

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
15 JUN 15 PM 4:53
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LULU MESSAGE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCT 24, 2011 and assigned
Florida document number L11000121256.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

Name of New Registered Agent:

WILLIE R. WALKER

New Registered Office Address:

7441 COLLINS AVE

Enter Florida street address

MIAMI BEACH

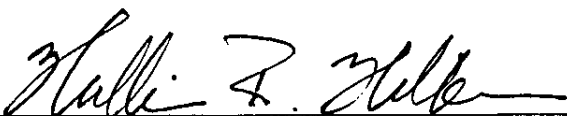
, Florida 33141

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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIE R, WALKER	1850 NE 199TH ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH	<input type="checkbox"/> Remove
		FL 33179	<input type="checkbox"/> Change
MGR	WEI HAO	1850 NE 199TH ST	<input type="checkbox"/> Add
		NORTH MIAMI BEACH	<input checked="" type="checkbox"/> Remove
		FL 33179	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 01 2005
FBI MIAMI

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

FILED
JUN 15 PM 4:53
STATE OF MISSISSIPPI
RECORDS & ADMINISTRATION

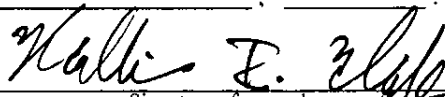
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 9, 2015



Signature of a member or authorized representative of a member

WILLIE R. WALKER

Typed or printed name of signee