

L12000667209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

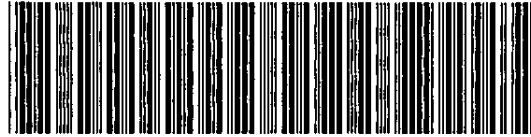
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DEC - 3 2012

EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Body 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:

Karla M Casallas
Name of Person

Firm/Company

2180 central Florida Parkway
Address

Orlando FL 32837
City/State and Zip Code

meizhou 36@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Casallas 407 962 7307.
Miki CHOU at (407) 575 1399
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 NOV 30 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW BODY MASSAGE 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 05/18/2012 and assigned
Florida document number L12000667209.

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)

2180 Central Florida Parkway
Suite A-5
Orlando 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

New Registered Office Address:

Enter Florida street address

, Florida

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jairo M. Pineda	2129 Bridgeview Cir Orlando 32824	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Brian M. Casallas	2129 Bridgeview	<input type="checkbox"/> Add
		Orlando FL 32824	<input checked="" type="checkbox"/> Remove
MGRM	Karla M. Casallas	2129 Bridgeview Cir	<input type="checkbox"/> Add
		Orlando FL 32824	<input checked="" type="checkbox"/> Remove
MGRM	MIKI CHOU	3373 South Kirkman Rd	<input checked="" type="checkbox"/> Add
		APT 916	<input type="checkbox"/> Remove
		Orlando FL 32811	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

I'm selling the business to MIKI CHOU, and you
have to change the owners name.

Dated NOVEMBER 28, 2012.


Signature of a member or authorized representative of a member

Karla M Casallas
Typed or printed name of signee

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Filing Fee: \$25.00