

# L12 0000 67209

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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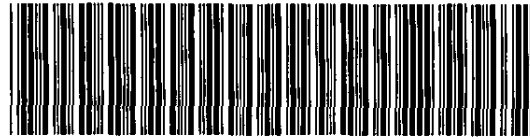
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**New Body Massage LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Juan Wang**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**2180 Central Florida Parkway**

\_\_\_\_\_  
Address

**Orlando, FL 32837**

\_\_\_\_\_  
City/State and Zip Code

**lu.kinghealthcenter@yahoo.com**

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

**Lu Zhang**

\_\_\_\_\_  
Name of Person

at (

**407 733-7348**

\_\_\_\_\_  
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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TALLAHASSEE, FL 32301

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

**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 L12000067209

This amendment is submitted to amend the following:

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

**Eastern Spa LLC**

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 A5

Orlando, FL 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

City, Florida 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	Juan Wang	7807 Naditz Court	<input type="checkbox"/> Add
		Orlando, FL 32822	<input checked="" type="checkbox"/> ovc
MGRM	Lifang Jie	1799 N Highland Ave	<input checked="" type="checkbox"/>
		Apt P135	<input type="checkbox"/> ovc
		Clearwater, FL 33755	
			<input type="checkbox"/>
			<input type="checkbox"/> ovc
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I'm selling the business to the following person(s):

Lifang Jie.

You will have to change the business name and the owner's name.

Thank you.

Dated October 11th, 2013

Juan Wang

Signature of a member or authorized representative of a member

Juan Wang

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE  
#2013-00010 FLORIDA

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