

L12000084960

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2012 NOV -2 PM 12: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

NOV -5 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENYA 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:

QIU, BI HUA  
Name of Person  
ENYA MASSAGE LLC  
Firm/Company  
13018 PRAIRIE MEADOWS DR  
Address  
ORLANDO, FL 32837  
City/State and Zip Code  
MESSAGEENYA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

QIU, BI HUA at ( 407 ) 350-1761  
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

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

**ENYA 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 06/28/2012 and assigned Florida document number L12000084960.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

SAME

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

SAME

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

SAME

New Registered Office Address:

SAME

*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

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**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

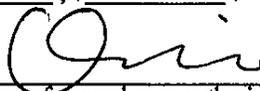
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	QIU, HUA QIU	13018 PRAIRIE MEADOWS DR ORLANDO, FL 32837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	QIU, BI HUA	13018 PRAIRIE MEADOWS DR ORLNADO, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dated OCT 29th 2012



Signature of a member or authorized representative of a member

QIU, BI QIU

Typed or printed name of signee