L13000139294

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp	porations			
erin in	Ying's Mass	sage Clinic LLC		•	
SUBJE	.cr:	Name of Limi	ited Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
		ndence concerning this matter			
		Ying Ma			
			Name of Person		
		Ying's Massage Clinic			
			Firm/Company	 -	
		1891 Capital Cir NE, Suite	4		20 20
			Address		
		Tallahassee FL 32308			Jul 27 AMH: 12
			City/State and Zip Code		2>= 7
		yingsmassageclinic@hotma			
		E-mail address: (to be used for future annual report notific	ration)	AMII: 12
For fur	ther information co	oncerning this matter, please ex	all:		~ 5
Weilo	ng Cao		407 919-6788		
	Name of	Person	Area Code Daytime	Felephone Number	
Enclos	ed is a check for th	e following amount:			
≡ S2	5.00 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	

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 16 27

Ying's Massage Clinic 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 10/02/2013 and assigned • Florida document number _____L13000139294 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ying's Massage LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1891 Capital Cir NE Enter new principal offices address, if applicable: Suite 4 (Principal office address MUST BE A STREET ADDRESS) Tallahassee FL . 32308 1891 Capital Cir NE Enter new mailing address, if applicable: Suite 4 (Mailing address MAY BE A POST OFFICE BOX) Tallahassee FL, 32308 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: Ying Ma Name of New Registered Agent: 1891 Capital Cir NE Suite 4 New Registered Office Address: Enter Florida street 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.

Tallahassee

Ging Ma

If Changing Resistered 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>	Address	Type of Action
			□Add
			□Remove
			Change
			
			□Remove
			□Change
***			□Add
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			Change
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			Change
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			□Add
			□Remove
			□ Channa

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ective date, if other than the date of filing:	
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th he 90th day after the record is filed.	ne earlier o
ed 07-14 , 2020 .	
Signature of a member	
Signature of a member of authorized representative of a member	
Ying Ma	

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Filing Fee: \$25.00