112000145165

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	-11	

Office Use Only



900258413149

04/09/14--01025--021 **110.00

2014 APR -9 PH 2: 16

APR 10 1014

COVER LETTER

SUBJECT: USA TLZ LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
WOODROW P. MCLANE Name of Person
WOODROW P. MCLANE Name of Person Florida MASSAGE BRUKER Firm/Company
7027 W. BROWARD BIVD, BOX 308
Plantation FL 33317 City/State and Zip Code Woody Mclant @ Valor Gom E/mail address: (to be used for future annual report notification)
WOODY MC ANE W JALOO - 4011 E/mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section
Division of Corporations

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

USA TLZ	LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company vi Florida document number	vere filed on 10/15/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and end with the words "Limited Liabil	ity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TULIP SPA
(Principal office address MUST BE A STREET ADDRESS)	TULIP SPA 15205 COLLIER Blvd # 20. NAPLES, FL 34119
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TULIP SPA 15205 COLLIER Blvd, # 206 NAPLES, FL 34119
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent: ZHAA	1PING ZHANG BES
	ISING ZHANG COLLER BIVE #205 TI Enter Florida street address APLES Florida #2199 City Plorida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action LIMING ZOV 5290 GRAND CYPRESS CIRCLES MGRM Unit # 203 NAPLES, FL 34109 MGR ZHANPING ZHANG 15205 COLLER BINDL (Add) Svite 206 NAPLES, FL 34119 Add Add

lfam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
(The ef	tive date, if other than the date of filing:
Dated	1_ April 4. 2014.
	2han Pang 2hang
	Signature of a member of authorized representative of a member ZHANPING ZHANG
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2011 APR -9 PM 2: 16