L14000015456

| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
AND ASSEE, FLORIDA

AUG 2'5 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2015

YONGMEI CAI 6724 COLUMBIA AVE LAKE WORTH, FL 33467

SUBJECT: NEW ASIAN SPA, LLC Ref. Number: L14000015456

We have received your document for NEW ASIAN SPA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 715A000#RETARY OF STA

COVER LETTER

| Div | ision of Corp | oorations | | | |
|--------------------|-------------------|--|---|-----------------|---------|
| SUBJECT: | New Asian S | Spa LLC | | | |
| SOBJECT. | 447 | Name of Limi | ited Liability Company | | |
| The enclosed | I Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return | all correspon | adence concerning this matter | to the following: | | |
| | | Yongmei Cai | | | |
| | | | Name of Person | | |
| | | Youngmei Corp | | | |
| | | | Firm/Company | | |
| | 6724 Columbia Ave | | | | |
| | | Address | | | |
| | , | Lake Worth, FL, 33467 | | | |
| | | | City/State and Zip Code | | |
| | | youngmeicpa@gmail.com | | | |
| | | E-mail address: (I | to be used for future annual report notific | ation) | |
| For further in | nformation co | ncerning this matter, please ca | all: | 4 | |
| Irene Cai | | | 561 283-1258 at () | SECH | 2015 |
| | Name of | Person | Area Code Daytime | clephone Number | FIL. |
| | | | | SE S | 2 1 |
| Enclosed is a | check for the | following amount: | | 3 H S | ILED |
| ⊠ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| ng Fee, |

MAILING ADDRESS:

TO:

Registration Section

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

New Asian Spa LLC

company has been notified in writing of this change.

(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 1/28/2014 _ and assigned Florida document number L14000015456 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Yongmei Cai Name of New Registered Agent: 6724 Columbia Ave New Registered Office Address: Enter Florida street address Lake Worth City New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. If the tipe agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and amiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Of if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered 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 |
|-----------------|-------------|-----------------------------------|----------------|
| MGR Yulan Huang | | 1617 SE 3rd Court Deerfield Beach | |
| | | FL, 33441 | ☐ Remove |
| | | | Change |
| MGR | Xingyu Chen | 1617 SE 3rd Court Deerfield Beach | D Add |
| | | FL, 33441 | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | SECRE TAI TALLAHAS | Change |
| | | SEE, FL | O Change |
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| effective date is listed, the date n e: If the date inserted in this | nust be specific and can | inot be prior to date | e of filing or mo | e than 90 days | a lle mlii Shis da | ng B urs te will i | uant to 605.0 |
| iment's effective date on the | Department of State | e's records. | tatatory ming | requirement | , una ua | | iot de listet |
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| (/ Y) (X/) | / YIU WWY | nber or authorized | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00