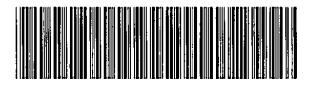
## L14000046051

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O SIMMONS DEC 17 2020

GAINESVILLE 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: Bin Liu Name of Person GAINESVILLE MASSAGE LLC Firm/Company 3008 NW 13TH ST STE A Address GAINESVILLE, FL 32609 City/State and Zip Code liubinme@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bin Liu 375-0903 Daytime Telephone Number Name of Person Enclosed is a check for the following amount:  $\square$  \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

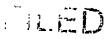
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

## TO ARTICLES OF ORGANIZATION OF



GAINESVILLE MASSAGE LLC

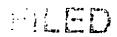
2023 NOV 12 PM 12: 53

(Name of the Limited Liability Cor (A Florida Limi	mpany as it now apy ted Liability Compar	pears on our recor	<u>ds.</u> )
The Articles of Organization for this Limited Liability Comparation document number, L14000046051	any were filed on	03/20/2014	and assig
Florida document number L14000046051			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	iability company	<u>v here</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," t	he designation "LL	C" or the abbreviation "L.L.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
		·	·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del>-</del>		
D. If any and in a the constant of a control of the constant o			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on ou	r records, <u>ente</u> i	r the name of the new
Name of New Registered Agent:			
N D . i 1007 A 11		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter	Enter Florida street address	
	Ciţ	, <b>i</b> '.	loridaZip Code
New Registered Agent's Signature, if changing Registered Age	ent:		·
I hereby accept the appointment as registered agent and a	<del></del>	ais canacity I fi	urther agree to count

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.

or removed from our records.

## MGR = Manager AMBR = Authorized Member



<u>Title</u>	<u>Name</u>	<u>Address</u> 2023 NOV 12 1	PM 12: 54 Type of a		
MGR	Shurong Yang	3008 NW 13TH ST STEAT ARTY	3008 NW 13TH ST STEAL (ARVINE STATE )		
		GAINESVILLE, FL 32609	Π.		
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	TALLAH ASBRE, FL
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(If an effective Note: I	tive date, if other than the date of filing:  (optional)  (it is date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte d.
Dated _	11/07/20
	21 UB12 Signature of a member or authorized representative of a member  Bin Liu
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00