

L14000085533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

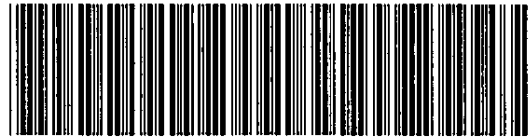
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 AUG 13 10 46 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2014
S. YOUNG

FILE NO 32760

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beach Total 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
14 AUG 12 PM 4:49
FILED

For further information concerning this matter, please call:

_____ at (_____) _____
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

FILE NO 32760

Beach Total Massage 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 May 29, 2014 and assigned
Florida document number L14000085533

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

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:

Name of New Registered Agent:

New Registered Office Address:

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 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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

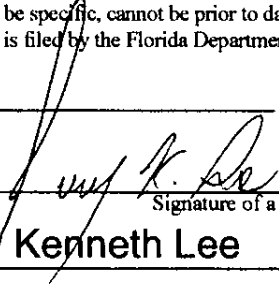
FILE NO 3276

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Aug 12, 2014



Signature of a member or authorized representative of a member

Jerry Kenneth Lee

Typed or printed name of signee

FILED
14 AUG 13 09:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L14000085533
FILED 8:00 AM
May 28, 2014
Sec. Of State
tbrown

Article I

The name of the Limited Liability Company is:
BEACH TOTAL MASSAGE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
830-04 STATE ROAD A1AN
TOURNAMENT PLAZA
PONTE VEDRA, FL. US 32004

The mailing address of the Limited Liability Company is:
830-04 STATE ROAD A1AN
TOURNAMENT PLAZA
PONTE VEDRA, FL. US 32004

Article III

Other provisions, if any:
PROMOTE RELAXATION AND WELL-BEING

Article IV

The name and Florida street address of the registered agent is:
JERRY LEE
8700 SOUTHSIDE BLVD
814
JACKSONVILLE, FL. 32256

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JERRY LEE

FILED
14 AUG 13 09 46 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILE NO 32760

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGRM
JERRY LEE
8700 SOUTHSIDE BLVD APT 814
JACKSONVILLE, FL. 32256 US

Title: MGRM
LANYING CAI
8700 SOUTHSIDE BLVD APT 814
JACKSONVILLE, FL. 32256 US

L14000085533
FILED 8:00 AM
May 28, 2014
Sec. Of State
tbrown

Article VI

The effective date for this Limited Liability Company shall be:

05/28/2014

Signature of member or an authorized representative

Electronic Signature: JERRY KENNETH LEE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
14 AUG 13 11 46 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA