

L15000006014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

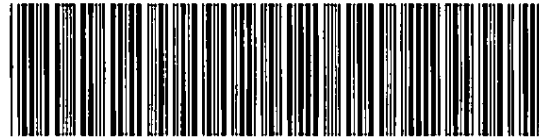
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Special Instructions to Filing Officer:

pg. 2<sup>nd</sup> missing

Rec. 11/13/18

Office Use Only



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2018 NOV 13 11:10  
RECEIVED  
FEB 13 2019

FILED

M. MILLIGAN

NOV 26 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2018

AMAZING MESSAGE LLC  
LILIN SU  
2043 NORTH WATERWAY DRIVE  
NORTH PALM BEACH, FL 33408

SUBJECT: AMAZING MESSAGE LLC  
Ref. Number: L15000006014

We have received your document for AMAZING MESSAGE 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 complete document was not received. It appears that pages 2 and 3 were not included with the filing. I have enclosed a blank form for your convenience. If you are not making changes on page 2, it still needs to be included. Page 3 requires the document to be signed by an authorized person.

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 918A00022251

013013 11:21 AM  
11/1/18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amazing 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:

Lilin Su  
Name of Person

Amazing Massage LLC  
Firm/Company

2043 North Waterway Drive  
Address

North Palm Beach, FL 33408  
City/State and Zip Code

jws3817@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Stevens at (561) 504-1301  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee  
*Fee already sent*

☐ \$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

FILED  
2015 NOV 13 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amazing 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 1/12/2015 and assigned  
Florida document number L15000006014.

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 "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:

2043 North Waterway Drive

Enter Florida street address

North Palm Beach, Florida 33408

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

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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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|              |             |                | <input type="checkbox"/> Remove |
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(If an effective 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/9/18, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee

2016 NOV 13 PM 11:10  
SEATTLE  
FBI