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SECRETARY OF STATE

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AUG 1 9 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 AUG 14 PM 3: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 3, 2015

JIAN BO LIU 13018 PRAIRIE MEADOWS DRIVE ORLANDO, FL 32837

SUBJECT: QQ MASSAGE LLC Ref. Number: L15000049769

We have received your document for QQ MASSAGE LLC and your check(s) totaling \$55.00. 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 5 (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 215A00016269

COVER LETTER

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TO:	Registration Se Division of Cor				
CUDI	ECT.	QQ MASS	AGE LLC		
SUBJ	EC1:				
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			JIAN BO LIU		
		Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: JIAN BO LIU Name of Person QQ MASSAGE LLC Firm/Company 13018 PRAIRIE MEADOWS DR Address ORLANDO, FL 32837 City/State and Zip Code HALFYAHOO@GMAIL.COM E-mail address: (to be used for future annual report notification)			
	QQ MASSAGE LLC				
	Firm/Company				
		13018	PRAIRIE MEADOWS DR		
			Address		
		o	RLANDO, FL 32837		75 5
			City/State and Zip Code		
			~		斯·SEED ELED
		E-mail address: (to be used for future annual report notifi-	cation)	多多当后
For fu	rther information co	oncerning this matter, please ca	all:		四年 20
	ЛАN E	BO LIU	917 215-8918 at ()		OF STARE
	Name o	f Person	Area Code Daytime	Telephone Number	5 TH 5
Enclos	sed is a check for th	ne following amount:			
□ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

	MASSAGE LLO			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears o Liability Company)	n our records.)	·····
The Articles of Organization for this Limited Liab Florida document number L15000049769	oility Company	were filed on 03/19	/2015	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liab	ility company here	:	
The new name must be distinguishable and contain the word	ds "Limited Liabil	lity Company," the design	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
				<u> 一つ変 </u>
Enter new mailing address, if applicable:		9251 S ORANGE	BLOSSOM TRAIL SI	UITE 8
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 3	2837	
B. If amending the registered agent and/or	registered of	ffice address on o	ur ranords antor	the name of the new
registered agent and/or the new registered offic	e address her	e:	ur records, <u>enter</u>	une name or the nev
Name of New Registered Agent:	JIAN	BO LIU		<u></u>
New Registered Office Address:	9251 S ORAN	IGE BLOSSOM TRA	IL SUITE 8	
		Enter Florida	street address	
		ORLANDO	, Florida	32837
		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>	Type of Action		
MGR	QINGLE QIU	24388 SAILFISH LN	Add		
		ORANGE BEACH,AL36561	■ Remove		
			□ Change		
MGR	JIAN BO LIU	13018 PRAIRIE MEADOWS DR			
	JIAN BO LIU 130	ORLANDO, FL 32837	☐ Remove		
			☐ Change		
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ote: If the o	te, if other than the date ate is listed, the date must be sp date inserted in this block d ffective date on the Departs	es not meet	the applicable	ate of filing or mor statutory filing	(opt e than 90 days after requirements, th	ional) or filing.) Pursuant to 605 is date will not be liste	5.0207 ed as
record s The 90th	pecifies a delayed effe day after the record i	ctive date s filed.	, but not ar	n effective tir	ne, at 12:01	a.m. on the earlie	er of
ated	JULY 29th		015			JUL 3	Til Til
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	Signa	ture of a mem	ber or authorize	d representative o	f a member	# # # # # # # # # # # # # # # # # # #	Ŭ.

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Filing Fee: \$25.00