

L15000071552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

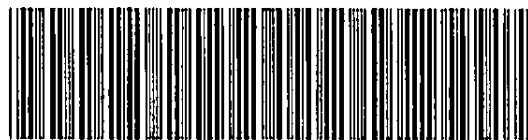
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

eff 11/1/17

Office Use Only



000304132230

10/10/17--01025--018 **55.00

FILED
2017 OCT 10 AM 11:10
FBI - TAMPA

OCT 11 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE YAYA SPA 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:

ANGELINA C. LI
Name of Person
JAL ACCOUNTING P.A.
Firm/Company
3363 SHERIDAN STREET STE 214
Address
HOLLYWOOD, FL 33021
City/State and Zip Code
ANGEL@JALACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XINGUO LIU
Name of Person
646 251-2166
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

THE YAYA SPA 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 04/23/2015 and assigned
Florida document number L15000071552.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NONE

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:

NONE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NONE

(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: XINGUO LIU

New Registered Office Address: 10880 PINES BLVD

Enter Florida street address

PEMBROKE PINES

City

Florida 33026

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>
MGR	XINGUO LIU	10880 PINES BLVD	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RACHEL FANG	10880 PINES BLVD	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JING MA	10880 PINES BLVD	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NONE

E. Effective date, if other than the date of filing: NOV 1ST, 2017 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 10/5/17

① Xin Zhou

Signature of a member or authorized representative of a member

XINGUO LIU

Typed or printed name of signee

2017 OCT 10 PM 11:10
FILED