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## **COVER LETTER**

TO:	Registration Se Division of Co		,	
eun ira	M&B SPA	LLC		
SUBJEC	Ii	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and feets) are sub	mitted for filling.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JIN CHEN		
		JIN CHEN CPA, PA.	Name of Person	<del></del>
		Firm/Company 4932 DISTRIBUTION DRIVE  Address		
		TAMPA, FL 33605	Address	
		JINCHENCPAPA@GMAIL.	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information c	concerning this matter, please co	all:	
LIJUAN	SLIU		727 300-9658	
	Name (	of Person		ne Telephone Number
Enclosed	I is a check for t	he 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)
	MAIL	ANG ADDRESS:	STREET/COUR	IER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&B SPA LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as it now appears on our records.</mark> ) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.15000139414	were filed on 08/14/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b>9</b>
		三 盖 五
		100 = E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
		<del>7, 0)</del>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:	<del>.</del>	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	Address	Type of Action
MGR	LIJUAN LIU	11569 SEMINOLE BLVD	
		LARGO, FL 33778	<b>■</b> Remove
		·	Change
MGR .	MI ZHANG	11569 SEMINOLE BLVD	
		LARGO, FL 33778	Add
			□ Remove
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E Effective date if other	han the date of filing:		,	ontional)
E. Effective date, if other (If an effective date is listed, th Note: If the date inserted document's effective date	in this block does not me	et the applicable state	filing or more than 90 days itory filing requirements	after filing.) Pursuant to 605. , this date will not be liste
If the record specifies a (b) The 90th day after		te, but not an eff	ective time, at 12:	01 a.m. on the earlie
Dated 03/06		2019		
		V 2000 1 140		
	Signature of a me	Li wan Liu	resentative of a member	<del></del>

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