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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Massage University Blvd. 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:
Chun Hua Wang
Massage University Blvd. LLC
1832 University Blvd. S.
Jacksonville, Fl. 32216 City/State and Zip Code
Massage university boulevard Ic Pamail. Com E-mail address: (to be used for fliture annual report notification)
For further information concerning this matter, please call:
Chun Hua Wana at (917) 708-1318 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & 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

Massage University	Boulevard LLC vas it now appears on our records.)
(Name of the Limited Liability Companion (A Florida Limited Liability	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L15000102987</u> .	vere filed on 09 24 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	- 5 6 T
	CT 28 AM 0: 0
	28 LT
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9 6
	<i>a</i> -
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	un Hua Wana
1937	Many Civy Rly 9
New Registered Office Address: 1000	Enter Florida street address
Tool	(Sonville, Florida 32216
<u> </u>	Sonville, Florida 3221U Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

V charles laste

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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 ≐ A	uthorized Member		
<u>Title</u> MGR	Name Qun Shen	Address 1832 University Blvd.	Type of Action
		Jacksonville, 71. 3221	
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Filing Fee: \$25.00