

L15000192267

(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 09 2019  
T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PURE MESSAGE SALON LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIN CHEN

\_\_\_\_\_  
Name of Person

JIN CHEN CPA PA

\_\_\_\_\_  
Firm/Company

9270 BAY PLAZA BLVD STE 604

\_\_\_\_\_  
Address

TAMPA FL 33619

\_\_\_\_\_  
City/State and Zip Code

JINCHENCPAPA@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE BAI

813 999-1140

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

### 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**

PURE MASSAGE SALON 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 11/12/2015 and assigned  
Florida document number L15000192267.

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)

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TALLAHASSEE, FLORIDA

**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:

SHUYE GAO

New Registered Office Address:

153 E BLOOMINGDALE AVE

*Enter Florida street address*

BRANDON

Florida 33511

*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.*

*Shu Ye Gao*

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	SHUYE GAO	153 E BLOOMINGDALE AVE BRANDON FL 33511	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WENQIN WU		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		153 E BLOOMINGDALE AVE BRANDON FL 33511	<input checked="" type="checkbox"/> Change
AMBR	JARONG LI		<input type="checkbox"/> Add
		153 E BLOOMINGDALE AVE BRANDON FL 33511	<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

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TALLAHASSEE, FLORIDA

**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 July 31st, 2019

Shan Yu (me)  
Signature of a member or authorized representative of a member

Shu Yu (me)  
Typed or printed name of signee