## LIL 00000 71724

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

	vision of Corp		,		
SUBJECT:		SIAN SPA LLC			
Sebuze I.		Name of Lim	ited Liability Cor	npany	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing	<b>1</b> .	
		ndence concerning this matter	•		
	•			<i>5</i> .	
		CRYSTAL CHEN			
•			Name of l	Person	***************************************
		CRYSTAL TAX AND CO	NSULTING S	ERVICES CORPO	RATION
			Firm/Cor	npany	
		39-01 MAIN ST STE 205			
		<del></del>	Addre	SS	
		FLUSHING NY 11354			
			City/State and	Zip Code	
		- CFPCRYSTAL8@GMAIL E-mail address: (		ure annual report not	ification)
For further i	information co	oncerning this matter, please ca			<del>,,,,,</del>
CRYSTAL		,	347	681.7317	
		f Person	at ( Area	Code Daytin	ne Telephone Number
	, wille of	. 1 0/30/1	71100	Code Dayin	ie receptione rumoei
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifie		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	f tal	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ow appears on our records.) Company)
ed on 02/15/2016 and assigned
npany here:
any," the designation "LLC" or the abbreviation "L.L.C."
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dress on our records, enter the name of the
·
Enter Florida street address
Florida
-

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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	County Tanana	
fective date, if other than the date of filing:	optional) og or more than 90 days after filing ) Pur	sugnt to 605 02
ote: If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will	not be listed a
ecument's effective date on the Department of State's records.		
	tive time at 12,01 a.m. oa t	ho carlier
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12.01 a.m. on t	ile carlier i
A4		
ated May 24, 2016.		
Aight Signature of a member or authorized representation		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00