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- (Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration S Division of Co			
OMG Mas	sage LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Yunxia Wang		·
		Name of Person	100
	OMG Massage LLC		
		Firm/Company	
	1426 S Atlantic Ave		
	<del></del> ·	Address	· · · · · · · · · · · · · · · · · · ·
	Daytona Beach, FL 32118		
	<u></u>	City/State and Zip Code	
	yunzhu630307@163.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Hong Wei		571 490-6605 at ()	TACE
Name of Enclosed is a check for the Enclosed is a check fo	of Person the following amount:	Area Code Daytime	Telephone Number HAY 10 P
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fifting Fee,  Certificate of Status &  Certificate 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

OMG Massage LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited I	Liability Company	were filed on March 28, 20	and assigned
lorida document number L16000062701	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	-	"LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	1426 S Atlantic Ave	
Principal office address MUST BE A STRE	ET ADDRESS)	Daytona Beach, FL 32118	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1426 S Atlantic Ave  Daytona Beach FL 32118	MIS HAY TO P
B. If amending the registered agent and egistered agent and/or the new registered of	l/or registered of office address her	ffice address on our rece e:	ords, Finier the name of the
Name of New Registered Agent:	Yunxia Wang		
New Registered Office Address:	86521 Cardinal	Rd	
<u> </u>	-	Enter Florida street aa	ldress
	Yulee		, Florida <sup>32097</sup>
		Ciţy	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>	Type of Action
AMBR	Yunxia Wang	86521 Cardinal Rd, Yulee FL 3209	Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
	<del>-</del>		
		<del></del>	Remove
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Effocti	ive date, if other th	on the date of	filing.			(a.m.	diamal)		
ii an eii	ective date is listed, the	date must be specif	lic and cannot be	: prior to date of f	filing or more than	<b> (o</b> p i 90 days at	ter filing.	) Pursuan	it to 605.020
<u>Note:</u> docum	If the date inserted in ent's effective date of	n this block does in the Departmen	not meet the a it of State's rec	pplicable statut ords.	ory filing requi	rements, t	ais date ⊡i⊓	쎒l not	be listed as
							A CO	5. \$	للل
ne red	ent's effective date of cord specifies a d 90th day after t	elayed effecti	ive date, bu	t not an effe	ective time,	at 12:01	Saim.	⊶ <del>on</del> the	earlier o
The	90th day after t	ne record is fi	led.		,		m-<		Ш
	April 18, 2016							U	O
Dated	April 18, 2016		<del></del> ,	· ·			OF STATE	بب 0	
	MANA	1410					<b>&gt;</b>		t
	[אויית	Wei Signature	of a member or	authorized repre	esentative of a me	ember			<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00