

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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October 9, 2017

CHANG LIU 1678 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952

SUBJECT: MASSAGE BEST LLC Ref. Number: L16000151266

We have received your document for MASSAGE BEST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

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Letter Number: 117A00020371

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Massage Bes-	t LLC				
(Name of the Limits	d Liability Company as A Florida Limited Liabil	it now appears on ou ity Company)	ir records.)		
The Articles of Organization for this Limited Liz Florida document number <u>L1600015</u>		e filed on <u>08/1</u>	2/2016	and ass	signed
This amendment is submitted to amend the follo	wing:				
A. If amending name, <u>enter the new name of</u>	the limited liability	company here:			
					
The new name must be distinguishable and contain the wo	ords "Limited Liability C	ompany," the designat	ion "LLC" or the ab	breviation "L	.L.C."
Enter new principal offices address, if applica	ible:		3	(2)	
Principal office address MUST BE A STREET ADDRESS)			<u> </u>		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE in the second agent and leading the registered agent and leading the registered agent and leading the new registered of</u>	er registered office	address on our	records, enter	the name	of the new
Name of New Registered Agent: New Registered Office Address:	Wei bind 1678 EPoi	g Tang t St Luc Enter Florida stra Lucie	ret address	3495 Zip Code	2

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tang, Wei bing	1678 SE Port St Lucie B Port St Lucie, FL 3495	M to Add
		Port St Lucie, FL 3495	2 □ Remove
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Filing Fee: \$25.00