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Division of Corporations STARKE ASIAN MASSAGE LLC SUBJECT: 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: Bin Liu Name of Person STARKE ASIAN MASSAGE LLC Firm/Company 1640 S WALNUT ST STE B Address STARKE, FL 32091 City/State and Zip Code liubinme@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bin Liu 904 964-2680 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

LED

STARKE ASIAN MASSAGE LLC

(Name of the Limited Liability Company as it now appears on our records)

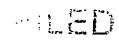
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \(\frac{12/02/2016 \lambda \lamb Florida document number L16000218930 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new i agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member



<u>Title</u>	Name	Address 2023 NOV 12 AM 8: 00
MGR	LUZHU TAISHI GERVAIS	1640 S WALNUT STSTE B <u>SSCW-、・R** / STATE</u> ■Add
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Effective date, if other than the date of filin (If an effective date is listed, the date must be specific an Note: If the date inserted in this block does not document's effective date on the Department of	01/01/2021 ig:
he record specifies a delayed effective date, but no ord is filed.	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated 11 /07 /2 0	, ·
2108.	- 1 Jdw
Signature of a Bin Liu	member or authorized representative of a member
	Typed or printed name of ciones

Filing Fee: \$25.00