

L17000016474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

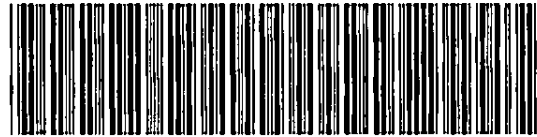
(Business Entity Name)

(Document Number)

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17 JUL 24 AM 11:49  
ALLAHABAD, FLORIDA

JUL 27 2017

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUNSHINE MASSAGE THERAPY, LLC  
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:

HUALONG CAO

Name of Person

SUNSHINE MASSAGE THERAPY, LLC

Firm/Company

2628 WOODS EDGE CIRCLE

Address

ORLANDO, FL 32817

City/State and Zip Code

cthomasb95@hotmail.com

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

For further information concerning this matter, please call:

CHRISTOPHER BAILEY

Name of Person

321 986-7076  
at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SUNSHINE MESSAGE THERAPY, 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 JANUARY 20, 2017 and assigned  
Florida document number L17000016474.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

HUALONG CAO

2628 WOODS EDGE CIRCLE

ORLANDO, FL 32817

**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:

HUALONG CAO

New Registered Office Address:

10103 EAST COLONIAL DRIVE, STE. 300

*Enter Florida street address*

ORLANDO

Florida 32817

*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.*

  
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>
OWNER	HUALONG CAO	10103 EAST COLONIAL DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		ORLANDO, FL 32817	<input type="checkbox"/> Change
OWNER	YUMEI YU	10103 EAST COLONIAL DRIVE	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32817	<input type="checkbox"/> Change
MANAGE	HUALONG CAO	10103 EAST COLONIAL DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		ORLANDO, FL 32817	<input type="checkbox"/> Change
MANAGE	YUMEI YU	10103 EAST COLONIAL DRIVE	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32817	<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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ALLIANCE FLORIDA  
STAFF

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: N/A (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JULY 21, 2017

Hualong Cao  
Signature of a member or authorized representative of a member

HUALONG CAO

Typed or printed name of signee