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D. SCOTT APR 2 6 2017

COVER LETTER

Registration Section

Division of Cor	porations			
SUBJECT:		Healthy Massage Thera	apv. LLC	
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Zhe Liu and Rong Zh	nuo	
		Name of Person		
	484	lealthy Massage Therap	y, LLC	
		3539 Rodrick Cir	cle	
		Address		
		Orlando, FL 3282	24	
		City, State and Zip Code		
		healthymassagether	apy@gmail.com	
	E-mail address: (to be used for future annual rep	ort notification)	
For further information of	concerning this matter, please co	all:		
Christophe	r Bailey	at (321)	986-7076	
Name o	f Person	Area Code	Daytime Telephone Number	
				THE PLE
Enclosed is a check for the	he following amount:			· · · · · · · · · · · · · · · · · · ·
□ S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified C	of Status &
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compan (A Florida Limited Li	v as it now appears of		
The Articles of Organization for this Limited L	iability Company v	were filed on	01/25/2017	and assigned
Florida document number L17000020147	·			
This amendment is submitted to amend the foll	owing:	·		
A. If amending name, enter the new name o	f the limited liabil	lity company here	:	
	N/A			
The new name must be distinguishable and contain the	words "Limited Liability	ty Company," the design	emation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	rable:	4348 West V	ne Street	
(Principal office address MUST BE A STREET ADDRESS)		Unit #104	<u> </u>	
		Kissimmee,	FL 34746	
Enter new malling address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	ROY			
registered agent and/or the new registered o	Mice address here Zhe Liu	:		
Name of New Registered Agent:				
New Registered Office Address:	4348 West Vine Street, Unit #104 Enter Florida street address			
	Line) Fibrata sireet (una ess			
	Kissimmee	City	Florida <u>34</u>	Zip Code
New Registered Agent's Signature, if changing	Degistered Agent:	City		元部るか
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete p istered agent as pr registered office (performance of ny rovided for in Cha	duties, and I am fai apter 605, F.S. Or, if	niliar with and this document is
	If Chang	ging Registered Agen	, Signature of New Regi	stered Agent

Page 1 of 3

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>	Name	Address	Type of Action
OWNER	ZHE LIU	3539 Rodrick Circle	XAdd
		Orlando, FL 32824	□ Remove
			□ Change
OWNER	RONG ZHUO	3539 Rodrick Circle	Add
		Orlando, FL 32824	□ Remove
			🖸 Change
*****			Add
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ote: If the date in ocument's effective	serted in this block does not re date on the Department of	: meet the applicable statutory filing req f State's records.	(optional) an 90 days after filing.) Pursuant to 605.0207 uirements, this date will not be listed as
The 90th day	after the record is filed	i.	, at 12:01 a.m. on the earlier of
	April 19	2017	N S
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ned	Signature of		
ated	Signature of	a member or authorized representative of a r	nember 24 PH 1: 36

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