

L17000063702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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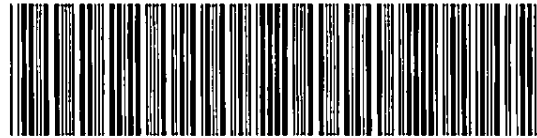
(Business Entity Name)

(Document Number)

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MAY 22 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CHERRY BLOSSOM SPA 436 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:

SANG N HARRIS

Name of Person

SANG N HARRIS, CPA, P.A

Firm/Company

800 N. FERNCREEK AVE. #16

Address

ORLANDO, FL 32803

City/State and Zip Code

SANGHARRIS@AOL.COM

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

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For further information concerning this matter, please call:

SANG HARRIS

407 895-6036

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified 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**

CHERRY BLOSSOM SPA 436 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 03/20/2017 and assigned  
Florida document number L17000063702.

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.C."

**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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HONGLIAN JIN

New Registered Office Address:

400 SEMORAN BLVD UNIT 102

*Enter Florida street address*

CASSELBERRY

Florida 32707

*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>
MGR	JOSEPH E FERNANDEZ	2323 GOLF LAKE CIRCLE #1112	<input type="checkbox"/> Add
		MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HONGLIAN JIN	2432 LAKE VISTA CT. #306	<input checked="" type="checkbox"/> Add
		CASSELBERRY, FL 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2019 MAY 13 PM 5:16  
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2019 MAY 13 PM 5:16  
CLERK OF DISTRICT COURT  
DISTRICT OF COLUMBIA

**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.

Dated MAY 6 2019

HONGLIAN JIN

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Typed or printed name of signee