L17000077356

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docum	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10-19-17	**WALK IN**
entity name <u>750</u>	Fairfield Massage LLC
DOCUMENT NUMBER	(ED MNC)
	PLEASE FILE THE ATTACHED AND RETURN
_XX	Plain Copy Certified Copy
	Certificate of Status
PLE	FASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION NUMBER OF CERTIFICATES	
TOTAL OWED 25	снеск #4156
Please call Tina at the	above number for any issues or concerns. Thank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7055 FAIRFIELD MASSAGE LL	.c		
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our record: Liability Company)	3.)
The Articles of Organization for this Limited I Florida document number <u>L17000077386</u>	iability Company	were filed on 04/5/2017	and assigned
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi		or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	232 Bay St.	
(Principal office address MUST BE A STRE)	ET ADDRESS)	Daytona Beach, FL 32114	
Enter new mailing address, if applicable:		232 Bay St.	EL LE
(Mailing address MAY BE A POST OFFICE BOX)		Daytona Beach, FL 32114	
			0R.1 9
			05 05
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address on our records,	, enter the name of the new
	THE MOUTESS HEL	<u>v</u> .	
Name of New Registered Agent:			
New Registered Office Address:	232 Bay St.		
	_ 	Enter Florida stree: address	
	Daytona Beach	, Flo	rida ³²¹¹⁴
		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>	Type of Action
AMBR	Qun Shen	232 Bay St.	
		Daytona Beach, FL 32114	□ Remove
AMBR	David Williams	169 Auburndale Dr.	☐ Add
		Ponte Vedra, FL 32081	■ Remove
			Cl Change
			☐ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Change
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fective date, if other than the da in effective date is listed, the date must be	te of filing:specific and cannot be prior t	o date of filing or more than 90	(optional) days after filing.) Pursuant to 605.020
ote: If the date inserted in this block cument's effective date on the Depa	does not meet the applica	ble statutory filing requiren	nents, this date will not be listed a
record specifies a delayed er The 90th day after the record	fective date, but not is filed.	an effective time, at	12:01 a.m. on the earlier of
October 18	2017		

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Filing Fee: \$25.00