

L17000087166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

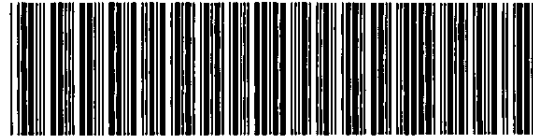
(Business Entity Name)

(Document Number)

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05/05/17--01017--020 \*\*25.00

FILED  
17 MAY -5 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Coral Massage 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:

Guoli Jeske

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

116 ne 97th st

\_\_\_\_\_  
Address

Miami Shores Fl 33138

\_\_\_\_\_  
City/State and Zip Code

52033shanshan@gmail.com

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

✓ For further information concerning this matter, please call:

Craig Jeske 305-793-9099 or Guoli Jeske 305-901-9800

305 793-9099

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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**

Coral Massage Limited Liability Company ✓

(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 4/19/2017 ✓ and assigned  
Florida document number L17000087166 ✓.

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

City

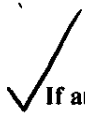
, Florida

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	Guoli Jeske ✓	116 ne 97th st.	<input checked="" type="checkbox"/> Add
		Miami Shores Fl 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Craig Jeske ✓	116 ne 97th st.	<input checked="" type="checkbox"/> Add
		Miami Shores Fl 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

**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 5/2/17,  
[Signature]  
Signature of a member or authorized representative of a member

Typed or printed name of signee