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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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J. HARRIE

COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|---|---|---|--|
| SUBJECT: HAPP | Name of Lim | SSAGE LLC ited Liability Company | |
| The enclosed Articles of An | nendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresponde | ence concerning this matter | to the following: | |
| | HAIYAN ZH | ENG- Name of Person | |
| | | Name of Ferson | |
| | | Firm/Company | |
| | 2625 STA | TEROAD 590 # | 512 |
| | CLEARNA | City/State and Zip Code | |
| - | AMY SHANG E-mail address: (t | COM to be used for future annual report notifi | cation) |
| For further information conc | erning this matter, please ca | dl: | |
| LARRY D W Name of Po | | at (<u>5.71</u>) <u>7.65 - 9</u> Area Code Daytime | Telephone Number |
| Enclosed is a check for the f | ollowing 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

| MAPPY DAYS (Name of the Limited) | Liability Comp Florida Limited | any as it now appears Liability Company) | on our records.) | |
|---|---------------------------------------|---|-----------------------------|----------------------|
| The Articles of Organization for this Limited Liab Florida document number <u>L 17000 1581</u> | | y were filed on | 27/24/2017 | and assigned |
| This amendment is submitted to amend the follow | ing: | | | |
| A. If amending name, enter the new name of the | ie limited lial | bility company her | <u>e</u> : | |
| SUNSHINE MASSAGE L. The new name must be distinguishable and contain the work | LC ls "Limited Liab | ility Company," the des | signation "LLC" or the abb | reviation al., L.C." |
| Enter new principal offices address, if applicab | le: | N/A | | |
| (Principal office address MUST BE A STREET. | <u>ADDRESS)</u> | | | 03 - 1 03 - 1 |
| Enter new mailing address, if applicable: | | N/A | | 50 5 (1) |
| (Mailing address MAY BE A POST OFFICE BO | <u>)X)</u> | | | 32 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered o e addre <u>ss hei</u> | office address on e re: | our records, <u>enter t</u> | he name of the nev |
| Name of New Registered Agent: | N/A | - | | |
| New Registered Office Address: | | | | |
| | | Enter Floria | la street address | |
| | | | . Florida | |
| | | City | i ioi ida | Zip Code |
| New Penistered Agent's Signature of changing Dec | internal terms | | | |

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> | Name | Address | Type of Action |
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| ctive date, if other than | the date of filir | ng: 🎤 | | (| optional) | | |
| effective date is listed, the dat <u>e:</u> If the date inserted in th | e must be specific ar vis block does not | nd cannot be prior to meet the applica | o date of filing or ible statutory fil | more than 90 days ing requirements | after filing. s, this date |) Pursuan will not | t to 605 be list |
| iment's effective date on t | he Department of | State's records. | | | | | |
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| ecord specifies a dela ne 90th day after the | ayed effective record is filed | date, but not I. | an effective | time, at 12: | 01 a.m. | on the 같은 | earlie |
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| d JULY 29, | | . 2017 | • | | | 똮 | |
| , | | | | | | | AH IO: |
| | Signature of a | a member or author | rized representati | ve of a member | | 5: 3:: | ြင္မာ |
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Page 3 of 3

Filing Fee: \$25.00