## 117000209215

| (Re  | questor's Name)     |        |
|--|---------------------|--------|
| (Ad  | dress)              |        |
| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |                     |        |
| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |                     |        |
| PICK-UP  | MAIT                | MAIL   |
| (Bu  | siness Entity Name) |        |
| (Do  | cument Number)      |        |
| Certified Copies   | _ Certificates of   | Status |
| Special Instructions to  | Filing Officer:     |        |
|  |                     |        |
|  |                     |        |
|  |                     |        |

Office Use Only



000305901520

11/22/17--01021--003 \*\*35.00

18 JAN - 8 PH -2: 49

JAN 10 2016 Y SULKER



November 27, 2017

TOKYO MASSAGE LLC 211 SW 4TH AVE GAINSVILLE, FL 32601

SUBJECT: TOKYO MASSAGE LLC

Ref. Number: L17000209215

We have received your document for TOKYO MASSAGE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 017A00023858

Yasemin Y Sulker Regulatory Specialist II

## **COVER LETTER**

|                | istration Se<br>ision of Cor |   |   |                         |   |
|----------------|------------------------------|---|---|-------------------------|---|
| CHOLCCT.       | Tokyo Mas                    |   |   |                         |   |
| SUBJECT:       |                              | Name of Lim                                     | ited Liability Company  |                         | _   |
| The enclosed   | Articles of                  | Amendment and fee(s) are sub                    | mitted for filing.  |                         |   |
| Please return  | all correspo                 | ndence concerning this matter                   | to the following:   |                         |   |
|                |                              | Ling Zhao                                       |   |                         |   |
|                |                              |   | Name of Person  |                         | <del></del>   |
|                |                              | Tokyo Massage LLC                               |   |                         |   |
|                |                              |   | Firm/Company  |                         | <del></del>   |
|                |                              | 211 SW 4th Ave                                  |   |                         |   |
|                |                              |   | Address   |                         |   |
|                |                              | Gainesville, FL 32601                           |   |                         | RECTIVED<br>TJAH - 8 2318   |
| •              |                              | gracelzhao88@gmail.com                          | City/State and Zip Code   |                         | -JAM - B LONG   |
|                |                              | E-mail address: (                               | to be used for future annual  | report notification)    | _   |
| For further in | iformation c                 | oncerning this matter, please ca                | all:  |                         |   |
| Christina Ch   | ong                          |   | 347 70°   | 7-0998                  |   |
|                | Name o                       | f Person  | Area Code   | Daytime Telephone Num   | ber   |
| Enclosed is a  | check for th                 | ne following amount:                            |   |                         |   |
| □ \$25.00 F    | iling Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enc | Certif<br>(ksed) Certif | Filing Fee,<br>icate of Status &<br>ied Copy<br>mal copy is enclosed) |
|                | MAIL                         | ING ADDRESS:                                    | STREET  | I/COURIER ADDRESS       | ;   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Tokyo Massage LLC   |  |   |                        |
|---|--|---|------------------------|
| (Name of the Limi   | ited Liability Compa<br>(A Florida Limited I | ny as it now appears on our records.)<br>.iability Company) |                        |
| he Articles of Organization for this Limited L<br>orida document number   |  | were filed on   | and assigned           |
| nis amendment is submitted to amend the following   | lowing:                                      |   |                        |
| . If amending name, enter the new name o  | of the limited liab                          | ility company here:   |                        |
| ha nay nama must be distinguishable and contain the   | uarde "Limited Liabi                         | ity Company "the designation "[1 C" or th                   | abbayiation "[ ] C"    |
| he new name must be distinguishable and contain the words "Limited Liabili<br>Enter new principal offices address, if applicable: |  | 211 SW 4th Ave  | Caconeviation 15.15.C. |
| Principal office address MUST BE A STREET ADDRESS)  |  | Gainsville, FL 32601  |                        |
| inter new mailing address, if applicable:   |  | 211 SW 4th Ave  |                        |
| Mailing address MAY BE A POST OFFICE BOX)   |  | Gainsville, FL 32601  |                        |
| . If amending the registered agent and  | Var registered of                            | Ties address on our records ant                             | er the name of the     |
| gistered agent and/or the new registered o  |  |   | A N                    |
| Name of New Registered Agent:   | Ling Zhao                                    |   | (A) 1                  |
| New Registered Office Address:  | 211 SW 4th Av                                | e   | PH 2:49                |
|   | Gainsville                                   | Enter Florida street address Florida                        | 2001 <b>6</b>          |

## 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.

City

Ciaf zhan

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

. If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, name, and address of each person being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name        | Address               | Type of Action         |
|--------------|-------------|-----------------------|------------------------|
| MGR          | QUN SHEN    | 169 AUBURNDALE DR     |                        |
|              |             | PONTE VEDRA, FL 32081 | ■ Remove               |
|              |             | <del></del>           | Change                 |
| MGR          | LING ZHAO   | 211 SW 4th Ave        |                        |
|              |             | Gainsville, FL 32601  | ☐ Remove               |
|              |             | <del></del>           | ☐ Change               |
|              |             | <del></del> -         |                        |
|              |             |                       | Remove  Remove  Change |
|              | <del></del> |                       | SSE Add TO             |
|              |             |                       | Change                 |
| <del></del>  |             |                       |                        |
|              |             |                       | □ Remove               |
|              |             |                       | Change                 |
|              |             |                       |                        |
|              |             |                       | Петоче                 |
|              |             |                       | Change                 |

| _      |   |                       |              | ···         |
|--------|---|-----------------------|--------------|-------------|
|        |   |                       |              |             |
| _      |   | · · · · ·             |              |             |
|        |   |                       |              |             |
| _      |   |                       |              | <u> </u>    |
| _      |   |                       |              |             |
|        |   |                       |              |             |
|        |   |                       |              |             |
|        |   |                       |              |             |
|        |   |                       |              |             |
| _      |   |                       |              | <del></del> |
|        |   | <del></del>           |              |             |
| _      |   |                       |              |             |
|        |   | <u> </u>              | <del>2</del> |             |
|        |   | ##<br>##              | A            |             |
|        |   | SSTE                  | G.           |             |
|        |   |                       | PH,          | 177         |
|        |   | ORIO.                 | ž.           | ( , , ,     |
| fectiv | date, if other than the date of filing:(option ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. | al)                   | Φ            | ZDE 10005   |
| ote: l | the date inserted in this block does not meet the applicable statutory filing requirements, this d  |                       |              |             |
| Scurre | t's effective date on the Department of State's records.  |                       |              |             |
| e reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.r  | n. on                 | the ea       | arlier o    |
| The 9  | Oth day after the record is filed.  |                       |              |             |
| ated   | 12/10/17  |                       |              |             |
| _      | Signature of a member or authorized representative of a member  | 0                     |              |             |
|        | Signature of a member or authorized representative of a member  | <u>a<sup>O</sup> </u> |              | _           |
|        | E   |                       |              |             |
|        | QUN SHEN  LING 2HAO  Typed or printed name of signee  |                       |              |             |

Page 3 of 3

Filing Fee: \$25.00