

L170002021S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

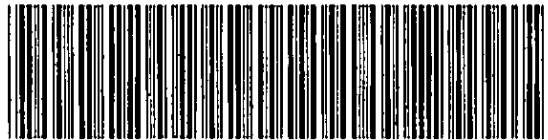
(Business Entity Name)

(Document Number)

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2018 APR -2 P 12:06

STATE OF FLORIDA  
TALLAHASSEE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: TOKYO 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:

LING ZHAO  
Name of Person

TOKYO MASSAGE LLC  
Firm/Company

211 SW 4TH AVE, STE 5  
Address

GAINESVILLE, FL 32601  
City/State and Zip Code

graceL2hao88@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Chong at (347) 707-0998  
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

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2010 APR -2 P 12:06  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TOKYO MASSAGE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(If Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/10/17 and assigned  
Florida document number 217000209215.

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

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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          | QUN SHEN    | 169 AUBURNDALE DR     | <input checked="" type="checkbox"/> Add |
|              |             | PONTE VEDRA, FL 32081 | <input type="checkbox"/> Remove         |
|              |             |                       | <input type="checkbox"/> Change         |
|              |             |                       | <input type="checkbox"/> Add            |
|              |             |                       | <input type="checkbox"/> Remove         |
|              |             |                       | <input type="checkbox"/> Change         |
|              |             |                       | <input type="checkbox"/> Add            |
|              |             |                       | <input type="checkbox"/> Remove         |
|              |             |                       | <input type="checkbox"/> Change         |
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|              |             |                       | <input type="checkbox"/> Remove         |
|              |             |                       | <input type="checkbox"/> Change         |

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2010 APR - 22  
FALL HAVEN, FL 32078  
SUNSHINE STATE BANK

**2. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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2010 APR -2 4:12:06  
TALLAHASSEE, FLORIDA

**2. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

(b) The 90th day after the record is filed.

Dated 3/30/18

Ling Zhao / Qun Shen  
Signature of a member or authorized representative of a member

LING ZHAO / QUN SHEN  
 ped or printed name of signee