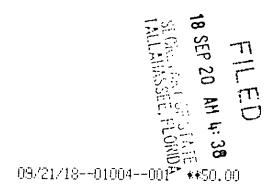
L17000217828

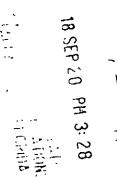
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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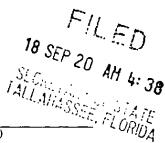
K. SALY SEP 2.1 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

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

DATE9/20/201	8	**WALK IN*
ENTITY NAME	ALL DAY WALK IN MASSAGE, LLC	WALK IN
		· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUM	1BER	
	PLEASE FILE THE ATTACHED AND RETURN	
XX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DES		
NUMBER OF CERI	TIFICATES REQUESTED	<u>. </u>
TOTAL OWED_	\$25 CHECK #_ 5277	
Please call Tind	a at the above number for any issues or concerns. Thank you s	so mach!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



All Day Walk In Massage, LLC

(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 Co	mpany were filed on 10/20/2017	and assigned
Florida document number L17000217828		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." ter new principal offices address, if applicable: cincipal office address MUST BE A STREET ADDRESS)		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
•		
registered agent and/or the new registered office addre		enter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and ent as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
	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	Lijuan Zhang	3268 Fordham Pkwy.	□ Add
		Gulf Breeze, FL 32563	Remove
			☐ Change
AMBR	Lu Yang	3268 Fordham Pkwy.	■ Add
		Gulf Breeze, FL 32563	□ Remove
			Change
	 		□ Add □ 7. ½. 18
			8 Sep 20 AM 4: 38
			DAGE 38
			☐ Change
			🖸 Add
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			□ Change

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fective date, if other than the dangle of the date is listed, the date must be steel if the date inserted in this block cument's effective date on the Depa	specific and cannot be pr does not meet the app	dicable statutory fili	(option more than 90 days after f ng requirements, this	iling.) Pursuant to 605.02
record specifies a delayed e The 90th day after the record		not an effective	time, at 12:01 a.	m. on the earlier
sed September 20	2018			
2)-4	nature of a member or a	<u> </u>		

Page 3 of 3

Filing Fee: \$25.00