

L17000217828

| (Requestor's Name) | |
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| (Äddress) | Ω |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: JA | DE OF JIANGX | L MASSAGE, LLC ited Liability Company | |
| | Name of Lim | ited Liabiniy Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | L_U_ | YANG Name of Person | |
| | | ANGXI MASSAGE, L | LC |
| | 3246 FOEDI | HAM PKWY Address | |
| | GULF BLEEZ | E / FL 32563 City/State and Zip Code | |
| | LUCYYAN G G G E-mail address: (| GGGGGG O GMAIL to be used for future annual report notific | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| LU YANG | | at (<u>917</u>) <u>992 - 2 Area Code Daytime</u> | 848 |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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 Addres | | Street Address: | • |
| Registration S Division of C | | Registration Sect Division of Corp | |
| P.O. Box 632 | | The Centre of Ta | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JADE OF JIANGXI (Name of the Limited Liabil) (A Floric | MASSAGE, LLC lity Company as it now appears on a Limited Liability Company) | our records.) | |
|---|---|--|--|
| The Articles of Organization for this Limited Liability (Florida document number <u>L 17000217828</u> | Company were filed on _/b/ | | |
| This amendment is submitted to amend the following: | _ | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | |
| JADE OF JIANGXI MASSAGE The new name must be distinguishable and contain the words "Lin | AND SPA, LLC nited Liability Company," the design | ation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | 024 | |
| | | | |
| | | 27 | |
| Enter new mailing address, if applicable: | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | - | | |
| | | 구드 5 | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | ds, enter the name of the new registere | |
| 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| (If an eff Note: | ve date, if other than the date of filing: 68/19/2024 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records. |
| ie recor ord is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated | AUGUST 19 2024 |
| | Signature of a member or authorized representative of a member |
| | LU YANG Typed or printed name of signee |

Filing Fee: \$25.00