

L17000252714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

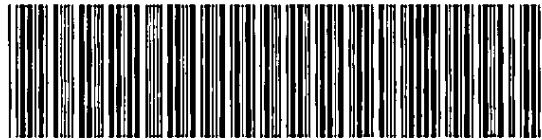
(Document Number)

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2018 MAR 23 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S. WARREN

MAR 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2018

JIANMING WU
4404 S FLORIDA AVE, SUITE 2
LAKELAND, FL 33813

SUBJECT: HEALTH MASSAGE SPA LLC
Ref. Number: L17000252714

We have received your document for HEALTH MASSAGE SPA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 318A00004807

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH MESSAGE SPA 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:

JIANMING WU

Name of Person

HEALTH MESSAGE SPA LLC

Firm/Company

4404 S FLORIDA AVE STE 2

Address

LAKELAND, FL 33813

City/State and Zip Code

ochiinelakeland@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIANMING WU

626 627-5610

at ()

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

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

HEALTH MESSAGE SPA 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 Company were filed on 12/11/2017 and assigned
Florida document number L17000252714

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:

4404 S FLORIDA AVE STE 2

(Principal office address MUST BE A STREET ADDRESS)

LAKELAND, FL 33813

Enter new mailing address, if applicable:

4404 S FLORIDA AVE STE 2

(Mailing address MAY BE A POST OFFICE BOX)

LAKELAND, FL 33813

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:

4404 S FLORIDA AVE STE 2

Enter Florida street address

LAKELAND

, Florida 33813

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

MGR = Manager
AMBR = Authorized Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

N/A

82-4460757

Jianming Wu Manager & authorized member.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

Dated

03/18/2018

Signature of a member or authorized representative of a member

JIANMING WU

Typed or printed name of signee

2018 MAR 23 AM 8:23
SECOND HART OF STATE
TALLAHASSEE, FLORIDA

FILED