L18000019261

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/23/18--01003--005 **35.00





May 25, 2018

QIAOSHAN QIU 7541 OSCEOLA POLK LINE RD KISSIMMEE, FL 34746

SUBJECT: SHANGRILA SPA II, LLC.

Ref. Number: L18000019261

We have received your document for SHANGRILA SPA II, 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 FLORIDA LLC. Please complete and return the enclosed blank form(s).

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

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

Letter Number: 218A00011001

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHANGRILA SPA II, LLC (Name of the Limi	ited Liability Compa	ny as it now appears on our re	cords.)	
(Same ya and Bang)	(A Florida Limited I	ny as it now appears on our re Liability Company)	,	
The Articles of Organization for this Limited L		were filed on 01/22/2018		and assigned
lorida document number L18000019261				
this amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name o	of the limited liab	ility company here:	-	<u>م</u>
SHANGRILA SPA II, LLC			7	; .
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	'LLC" or the abbrev	iation "L.E.C."
Enter new principal offices address, if appli	cable:	7541 OSCEOLA POLK L	INE RD	
Principal office address MUST BE A STREI		KISSIMMEE, FL 34746		基立
	<u>_</u>		•	ن
				 '50
nter new mailing address, if applicable:		7541 OSCEOLA POLK L	INE RD	
Mailing address MAY BE A POST OFFICE	(ROX)	KISSIMMEE, FL 34746		
		-		
3. If amending the registered agent and			ords, <u>enter the</u>	name of the
egistered agent and/or the new registered o	office address her	<u>e</u> :		
	Oissalaa si			
Name of New Registered Agent:	Qiaoshan qiu			
New Registered Office Address:	7541 OSCEOL	A POLK LINE RD		
		Enter Florida street aa	ddress	
	KISSIMMEE		. Florida ³⁴⁷⁴⁶	
		City		Lip 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.

Gian chun Lin.

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>	Address	Type of Action
P	Qiaoshan qiu	7541 OSCEOLA POLK LINE RD	🖹 Add
		KISSIMMEE, FL 34746	☐ Remove
			Change
V 	Ying Lin	7541 OSCEOLA POLK LINE RD	□ Add
		KISSIMMEE, FL 34746	☐ Remove
			■ Change
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First name: Qiaoshan Last name: Qiu First name: Ying Last name: Lin Ved date, if other than the date of filing:	vanr the registered	the vice president to Ying Lin, als	president to C	We want change the p
First name: Ying Last name: Lin Ive date, if other than the date of filing: Coptional date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.		se keep the same! Thanks!	iu. The other	der my name Qiaoshan Qi
ive date, if other than the date of filing:			Last name	First name: Qiaoshan
ive date, if other than the date of filing:			Last na	First name: Ying
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6 1 n				6/07
Signature of a member or authorized representative of a member			1	(a)
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Qiaoshan qiu				Oiaochan ain

Page 3 of 3

Filing Fee: \$25.00