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| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Co | | • | | | |
|----------------------------|---|---|---|--|--|
| RELAX-A | ASIAN MASSAGE THERAPY | LLC | | | |
| SUBJECT. | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Ye Zhang | | | | |
| | | Name of Person | | | |
| | Ivy Accounting Tax & Advisory | | | | |
| Firm/Company | | | | | |
| 8950 SW 74th Ct. Ste 16112 | | | | | |
| | | Address | | | |
| | Miami, FL 33156 | | | | |
| | JACOB@IVY-CPA.COM | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notif | ication) | | |
| For further information | concerning this matter, please co | ıll: | | | |
| YE ZHANG | | 786 227-6928 at () | | | |
| Name (| of Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for t | he 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

| RELAX-ASIAN MASSAGE THERAPY LLC | | |
|--|--|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 04/30/2018 | and assigned |
| Florida document number L18000107429 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 8 |
| | | <u>J</u> |
| | | N 927 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | <u> </u> |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | ter the name of the no |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Part of Part Assessment L | |
| | Fater Florida street address | |
| | Florida | |
| | City | Zīv 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|----------------------------|----------------|
| MGR | Zhong, Yingmo | 8950 SW 74th Ct. Ste. 1612 | _■ Add |
| | | Miami, FL 33156 | □ Remove |
| | | | Change |
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| Effective date if a | other than the date of filing | · | (opti | anali |
| (If an effective date is li Note: If the date in | isted, the date must be specific and iserted in this block does not mee date on the Department of Si | cannot be prior to date of fil- neet the applicable statuto | ing or more than 90 days after | r filing.) Pursuant to 605,0207 |
| | ies a delayed effective d after the record is filed. | ate, but not an effec | ctive time, at 12:01 a | a.m. on the earlier of |
| Dated Qu | me 13 Signature of a n | 2018 | | |
| | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00