

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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10/01/18--01037--003 **25.00



November 5, 2018

LI JINHUA 127 HARBOR BLVD, #6 DESTIN, FL 32541

SUBJECT: SUNSHINE LEE SPA LLC

Ref. Number: L18000124592

We have received your document for SUNSHINE LEE SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check box if you are adding, removing or changing memebr listed on page 2.

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.

Letter Number: 718A00022775

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org



October 15, 2018

LI JINHUA 127 HARBOR BLVD DESTRIN, FL 32541

SUBJECT: SUNSHINE LEE SPA LLC

Ref. Number: L18000124592

We have received your document for SUNSHINE LEE SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check box on page 2 to indicate if you are adding, removing or vhanging member listed.

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.

Octavia L Simmons Regulatory Specialist III

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Letter Number: 918A00020939

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: SUNSHINE LEE 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: | |
| Name of Person | |
| SUNSHINE LEE SPA LLC Firm/Company | |
| 127 HARBOR BLVD Address | |
| DESTIN, FL 37541 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Name of Person at (626) 428 5515 Name of Person Area Code Daytime Telephone N | /umber |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce | .00 Filing Fee, rtificate of Status & rtified Copy ditional 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

SUNSHINE LEE 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 5/14/2018 Florida document number 1 18000/24592 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

Tin Hua Li

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 |
|---------------|-------------|---------------------------------|----------------|
| MGR_ | LI JINHUA | 127 HARBOR BLVD. DESTINFL 32541 | □ Add |
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| <u>te:</u> If the date insert | er than the date of files, the date must be specificated in this block does not ate on the Department of | ot meet the applicable | date of filing or more than e statutory filing requi | (optional n 90 days after filing irements, this date |) g.) Pursuant to 605.02 will not be listed t |
| record specifies The 90th day afte | a delayed effective er the record is file | e date, but not a | in effective time, | at 12:01 a.m | on the earlier |
| ted 9/2/ | ············ | 2018 | | | |
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Page 3 of 3

Filing Fee: \$25.00