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(((H24000262753 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DUDY ZHU TAX SERVICES LEC

Account Number : I20230000182

: (321)215-1319

Phone Fax Number

: (856)956-1099

\*\*Enter the email accress for this business entity to be used for future . annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PANSY FOOT & BODY MASSAGE LLC

Certificate of Status	0
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AUG - 3 2024

## **COVER LETTER**

TQ:	Registration Se Division of Cor	ction porations		H24000262753 3
SURJI	ECT:	PANSY FOO	T & BODY MASSAGE LLC	
,			nited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sul	imitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
			XIAOXIA GUO	
			Name of Person	
		PAI	NSY FOOT & BODY MASSAC	GE LLC
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
660 Tamiami Trl N Ste 36			6	
			Address	<u></u>
Naples, FL 34102				
			City: State and Zip Code	
ggltt2008@gmail.com				
For 60	ther information o	E-mail address. I oncerning this matter, please o	to be used for future annual report no	bfication)
1 1/1 1 (1)				
		IA GUO	at ( <u>239</u> ) <u>304-89</u> Area Code <u>Daytic</u>	014
	Name o	f Person	Area Code Daytic	ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
Ū <b>s</b> \$2	5.00 Filing Fee	530.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee pe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000262753 3

PANSY FOOT & E	BODY MASSAGE	LLC		
(Name of the Limited Liability Conn (A Florida Limited	i <mark>any as It now appea</mark> Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on	07/25/2018	and assi	gned
Fiorida document number <u>L18000178900</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company h	ere:		
The new name must be distinguishable and contain the words "Limited Link	bility Company," the o	designation "LLC" or the ab	observation "L.L	.,C."
Enter new principal offices address, if applicable:	660 Tamiami Trl N Ste 36			
(Principal office address MUST BE A STREET ADDRESS)	Naples.	FL 34102		
Enter new mailing address, if applicable:	660 Tan	niami Trl N Ste 36	۰ <b>2</b>	
(Mailing address MAY BE A POST OFFICE BOX)	Naples,	FL 34102	)24,	
-			5	'n
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our 1	records, <u>enter the nam</u>	- C.FG	registered
agent and/or the new registered office address here.			- က <b>A</b>	D
Name of New Registered Agent:	XIAOXIA GUO		00	
New Registered Office Address:	660 Tamiami Tri	IN Ste 36		
	Enter Flo	rida street address		
	Naples	, Florida	34102	
	Ciŋ <sup>,</sup>		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

Kauson Gho

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 H24000262753 3

<u>Title</u>	Name	Address	Type of Action
AMBR	XIAOXIA GUO	660 Tamiami Trl N Ste 36	□Add
		Naples, FL 34102	□Reinove
			\$\tilde{\mathbb{U}}\text{Change}
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			□Remove
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			□Remove
			Change
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			Remove
			□ Change

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		Kiaoson Gi	70		
Dated	08/05	2024			
f the record,specord is filed.	pecifies a dolayed effective dat	te, but not an effective time	, at 12:01 a.m. on the ce	rlier of: (b) The 90th day :	ifter the
<u>Note:</u> 11 (	the date inserted in this block of a effective date on the Depart	does not meet the applicabl	date of filing or more than S e statutory filing require	00 days after filing.) Pursuant to ements, this date will not be	505.0207 (3)() listed as the
E. Effective	date, if other than the dat	e of filing:		(optional)	
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Filing Fee: \$25.00

Typed or printed name of signee