

U8000189279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

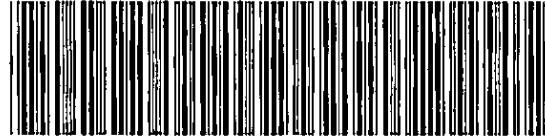
(Business Entity Name)

(Document Number)

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2019 MAR -1 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 09 2019
C McNAIR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LILLYS ASIAN MASSAGE 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:

WEI MULLINS

Name of Person

LILLYS ASIAN MASSAGE LLC

Firm/Company

9466 NAVARRE PKWY UNIT G

Address

NAVARRE FL 32566

City/State and Zip Code

WEILANCHENG FENG@SINA.COM

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

For further information concerning this matter, please call:

WEI MULLINS

850

4837849

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

2019 MAR - 1 PM 12:00
RECEIVED
TALLAHASSEE, FL 32301

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

LILLYS ASIAN MASSAGE 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 08/07/2018 and assigned
Florida document number L18000189279.

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)

9466 NAVARRE PKWY UNIT G

NAVARRE, FL 32566

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9466 NAVARRE PKWY UNIT G

NAVARRE, FL 32566

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:

WEI MULLINS

New Registered Office Address:

9466 NAVARRE PKWY UNIT G

Enter Florida street address

NAVARRE

City

Florida 32566

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--------------------------|--|
| MGR | WEI MULLINS | 9466 NAVARRE PKWY UNIT G | <input checked="" type="checkbox"/> Add |
| | | NAVARRE, FL 32566 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | LI, CHENG LIN | 9466 NAVARRE PKWY UNIT 8 | <input type="checkbox"/> Add |
| | | NAVARREE, FL 32566 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

(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.

Dated 02/27/2019.

Signature of a member or authorized representative of a member

Typed or printed name of signee