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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:	٦			
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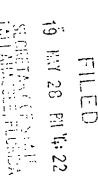
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JUN 11 2019 S. YOUNG



COVER LETTER

TO: Registrati Division o	on Section f Corporations		
KRY: SUBJECT:	STAL MASSAGE LLC		
SUBJECT:	Name of Limit	ted Liability Company	_
The enclosed Articl	es of Amendment and fee(s) are subn	nitted for filing.	
	respondence concerning this matter t	_	
	JANET BRUTTELL, EA		
	7130	Name of Person	
	BRUTTELL TAX SERVIC	JES	
	261 NW 16 STREET	Firm/Company	_
	•	Address	<u> </u>
	POMPANO BEACH, FL 3	3060	
	INFO@LEETAXUS.COM	City/State and Zip Code	_
For further informa	E-mail address: (to	o be used for future annual report notification)	
JANET BRUTTEL	L. EA	954 946-8011	
N	ame of Person	Area Code Daytime Telephone Nun	iber
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
R D P	egistration Section ivision of Corporations O. Box 6327 allahassee, 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

KRYSTAL MASSAGE LLC			
· · · · · · · · · · · · · · · · · · ·	ted Liability Comp	any as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited L. Florida document number L19000090633 This amendment is submitted to amend the following the control of the	iability Company		and assigned
A. If amending name, enter the new name of	f the limited liat	oility company here:	
The new name must be distinguishable and contain the venture new principal offices address, if applied		632 SOUTH STATE ROAD 7	the abbreviation "L.L.C."
(Principal office address MUST BE A STREE	ET ADDRESS)	MARGATE, FL 33068	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		632 SOUTH STATE ROAD 7 MARGATE, FL 33068	28 R W 22
B. If amending the registered agent and registered agent and/or the new registered o			nter the name of the new
Name of New Registered Agent:	ZHENG, NICI	ζ	
New Registered Office Address:	632 SOUTH S	TATE ROAD 7	
		Enter Florida street address	
	MARGATE	Cloude	33068

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> **Type of Action** ZHENG, NICK 632 SOUTH STATE ROAD 7 MGRM ■ Add MARGATE, FL 33068

			Remove
			Change
MGRM	YINDURYEA, ZHENG	258 SE 6TH AVE, 7	
		DELRAY BEACH, FL 33483	■ Remove
			Change
			□ Remove
			□ Change
			Remove
			Change
			Add
			Remove
			Change
	-1-1		
			Remove
			Change

D. If amend	ling any other information	, enter change(s) he	re: (Attach additional sheets, if necessary.)
			•
	<u>-</u>		
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(If an effect <u>Note:</u> If	date, if other than the date we date is listed, the date must be the date inserted in this block t's effective date on the Depart	specific and cannot be priced on the priced of the specific and meet the applications.	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(cable statutory filing requirements, this date will not be listed as the s.
	rd specifies a delayed ef Oth day after the record		ot an effective time, at 12:01 a.m. on the earlier of:
Dated M	AY 22	. 2019	<u> </u> .
	+ 2 hery in	Puralenta member or aut	horized representative of a member
	YINDURYEA, ZHENG	9	
		Typed or prin	nted name of signee

Page 3 of 3

Filing Fee: \$25.00