## L19 000260792

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO:

TO: Registration S Division of Co			v
ALMASS.	ių. AGE LLC		·
CHIPARTERING		\$	***
	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Xing		
		Name of Person	<del>**</del>
	A EMASSAGE LLC		
		Firm/Company	
	1316 S BAY ST		
		Address	
	EUSTIS, FL 32726		
		City/State and Zip Code	
	almassagelle@hotmail.con		
For further information c	e-mail address; ( concerning this matter, please c	to be used for future annual report no all:	tification)
James Xing		407 533-1886	
Name o	d Person	at ()	me 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 9		Street Address:	oution
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	.7	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202011 12 11 9:24

AT MASSAGE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lumted Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/17/2019}{2000}$ and assigned Florida document number 1.19000260792 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 "LLC." 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.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
AMBR JAMES XING	1316 S BAY ST	■Add	
		EUSTIS, FL 32726	
			☐Change
		□Add	
		□Remove	
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		□Remove	
		Change	

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Note: If t	date, if other than the date of filing:
the record sp cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/9/2020
	Signature of a member or authorized representative of a member
	JAMES XING James Ling Typus or printed name of signee

Filing Fee: \$25.00