Note: Please print this page and use it as a cover sheet. Type the fax gudit number (shown below) on the top and bottom of all pages of the document.

(((H24000146765 3)))



H240001467653ABC2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JUDY ZHU TAX SERVICES LLC

Account Number : 120230000182 Phone : (321)215-1310 Fax Number : (856)956-1099

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

Egail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A1 MASSAGE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

APR 24 2024

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Corporate Filing Menu

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Tallahassee, FL 32314

COVER LETTER

TO: Registration So Division of Co		, Fax	audit number: H24000146765 3
; 1			\$
SUBJECT:	Name of Li	mited Liability Company	<u> </u>
		zarve zarosny company	•
The enclosed Articles of	Amendment and fee(s) are st	abmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	Timothy Ham	bach	
		Name of Person	* * * ***
	A1 MASSAG	E LLC .	
		Firm/Company	
	1316 S BAY	ST	
	-	Address	
	EUSTIS, FL	32726	
	thambach1@	City/State and Zip Code	
	thambach1@	yarroo.com (to be used for future annual report notification)	
For further information o	oncerning this matter, please	call:	
Timothy H	ambach	at (407 533-1886	
Name o	f Person	Area Code Deytiroe Telephon	e Number
Enclosed is a check for t	ne following amount:		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Section Division of Corporation	s
P.O. Box 632	-	The Centre of Tallahass	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO Fax audit number: H24000146765 3 ARTICLES OF ORGANIZATION OF

A1 MASSAGE LLC

(Name of the Limited)	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	10/17/2019	and assigned
his amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company he	ere:	•
The new name must be distinguishable and contain the word	s "Limited Liability Company," the d	lesignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>		(D)
	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	~ ~	183
B. If amending the registered agent and/or regi	stered office address on our r	ecords, enter the nar	(.) ne of the new regis
igent and/or the new registered office address h	ere:	,	:: J
Name of New Registered Agent:	Timothy Hambach		<u>ئ</u> ئ
New Registered Office Address:	1316 S BAY ST		
	Enter Flor	rida street address	
_	EUSTIS	, Florids	32726
	City		Ztp 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

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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	⊠Remove
	•	 	☐ Change
AMBR	Timothy Hambach	1316 S BAY ST	bbA K
		EUSTIS, FL 32726	□Remove .
			□Change
		·	□Add
			□Remove
			Change
		 -	□Remove
			□ Change
			□Remove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			Change

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If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
_	
_	
_	
Note: If	date, if other than the date of filing: (optional) (ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
e record s rd 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	April 22 , 2024 .
	2-12
	Signature of a member or authorized representative of a member
	Timothy Hambach
	Typed or printed name of signee

Fax audit number: H24000146765 3

Filing Fee: \$25.00