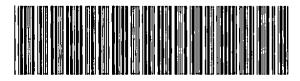
LZ0000217635

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT: X10	VQ10NGW M	IASSAGE L	LC,
,	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	XIUQION	Name of Person	
		Name of Person	
	XIUQION	GW MASSA Firm/Company	GE LLC.
		Firm/Company	
	6765 W	FLAGLER ST	REET
		Address	
	MIAMI	PLORIDA	33144
		City/State and Zip Code	33144
	KIUQIOHEMAS	SAGELLE DO	SMAIL, COM
		(to be used for future annua	l report notification)
For further information c	oncerning this matter, please of	call;	
FLOYD GR	OTEY	at (305)	903-0733
Name o	f Person	Area Code	903-0733 Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Mailing Addres Registration S	_	Street A Registr	ddress: ation Section
Division of C	orporations		ation Section on of Corporations
P.O. Box 632		The Ce	ntre of Tallahassee
Tallahassee, F	L 32314	2415 N	. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XIUQIONGW MASSAGE LEGALS 14 M1 9: 05

(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 of	were filed on	JULY 23	2020 and assigned		
Florida document number <u>L20000217635</u>	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company he	<u>-re</u> :			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the d	esignation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6765 W	FAGLER	STREET		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI	FLORIDA	33144		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our re	cords, <u>enter th</u>	e name of the new registered		
Name of New Registered Agent:					
New Registered Office Address:	Enton Mani	da street address			
	tauer r iori				
	City	, Flori	orida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete parcept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of r ovided for in C.	ny duties, and hanter 605 -F S	l am familiar with and S. Or, if this document is		

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2020 AUG 14 AH 9: 05	Type of Action
MGR	XIUQIONG WANG	6765 W FUGLER STREET MIANI FLORIDA 33144	XAdd
			□Remove
			□Change
M62	FLOYD B GROTEY	MIAMI FLORIDA 33144	Ç ⊼ Add
			□Remove
			□Change
			□Add
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ord sp filed.	occifies a	delayed et	fective d	ate, but	not an	effecti	ve time,	at 12:0	01 a.m. o	n the ea	rlier of: (b	The 90th c	lay afte
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