L20 000 229086

(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
(Bocament Hamber)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
3	

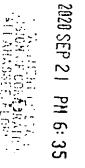
Office Use Only



700352224657

RECEIVED SEP 2 1 2020

09/22/20--01012--014 **25.00



OCT 2 9 2020 S. YOUNG

COVER LETTER

Division (of Corporations
SUBJECT:	GOLDEN SPA MART, LLC Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Woody MCLANE Name of Person FL MASSAGE BRULER Firm/Company 4815 NW SO ST. Address
	FL MASSAGE BROKER
	4815 NW SO ST.
	City State and Zip Code Woody M CANE C JALOO. Com Email address: (to be used for future annual report notification)
	ation concerning this matter, please call:
<u> </u>	Name of Person at (954) 806-6211 Area Code Daytime Telephone Number
:	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
X\$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on
Florida document number
L 2000229086 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) 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: Enter Florida street address City 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 Type of Action Title Name **Address** 3731 N. Country Club Dr. Had MGR LITIE SHI AVENTURA, FL 33/80 (Change bbA□ _____ _ □Remove _____ □Add □Remove __ □Change \square Add □Add _____ □Remove □Change □Add _____Remove

☐ Change

D. If amending ar	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
COR	eect phone Number of Lijie Shi (626) 298-9503
CORR	ect Email Address pr Lijie Shi SJ 13840315423 @ &MAIL. Com
(If an effective date Note: If the dat	if other than the date of filing:
If the record specifie record is filed.	is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
DatedS &	Signature of member or authorized representative of a member
	LIJIE SHI Typed or printed name of signee
	Cyped or printed name or signed

Filing Fee: \$25.00