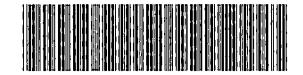
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: LS	MASSAGE LLC		
	Name of Lin	tited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	N	lichael Scott Wakefield	
		Name of Person	
	LS MASSAGE LLC		
		Firm/Company	
	2 David St, unite J		
		Address	
Fort Walton Beach, FL 32547			
	michaelscottwakefield@yal	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please o	all:	()
Michael Scott Wakefiel	d	646 6433109	:: 
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	the 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 Addre		Street Address:	ation.
Registration Division of (	Section Corporations	Registration Sec Division of Cor	
P.O. Box 633	•	The Centre of T	
Tallahassee.			Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LS MASSAGE LLC (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 were filed on  $\frac{01/21/2021}{}$ \_\_ and assigned Florida document number \_\_\_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LS MASSAGE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2 David St, unite J Enter new principal offices address, if applicable: Fort Walton Beach, FL 32547 (Principal office address MUST BE A STREET ADDRESS) 2 David St. unite J Enter new mailing address, if applicable: Fort Walton Beach, FL 32547 (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: Michael Scott Wakefield Name of New Registered Agent: 2 David St, unite J 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.

City

Fort Walton Beach

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael Scott Wakefield	2 David St, unite J, Fort Walton Beach, FL 32547	
			Remove
			□Change
MGR	MING YUAN		□ Add
		2 David St, unite J, Fort Walton Beach, FL 32547	
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