

W21000099906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

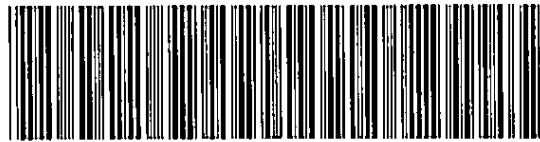
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 AUG 30 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
SEP 10 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2021

SHEN LI
2605 TAMiami TRAIL SUITE 7
PORT CHARLOTTE, FL 33952

SUBJECT: GOLDEN MASSAGE LLC
Ref. Number: L21000099906

We have received your document for GOLDEN MASSAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 721A00019707

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golden Massage LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shen Li

Name of Person

Golden Massage LLC

Firm/Company

2605 Tamiami Trail Suite 7

Address

Port Charlotte, FL 33952

City/State and Zip Code

shenli0506000@gmail.com

E-mail address: (to be used for future annual report notification)

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2021 AUG 30 PM 6:58
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Tom Roberts

Name of Person

at ()

Area Code

863-266-9919

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 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**

GOLDEN 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 3/1/2021 and assigned
Florida document number L21000099906.

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)

2605 Tamiami Trail Suite 7

Port Charlotte, FL 33952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2605 Tamiami Trail Suite 7

Port Charlotte, FL 33952

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:

Shen Li

New Registered Office Address:

2605 Tamiami Trail Suite 7

Enter Florida street address

Port Charlotte, Florida 33952

City

Zip

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.

Shen Li

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Thomas Roberts</u>	<u>PO Box 82 Arcadia FL</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CEO</u>	<u>Shen Li</u>	<u>7562 Cisl Court</u>	<input checked="" type="checkbox"/> Add
		<u>32940 Melbourne FL 32940</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

SECRETARY OF THE ARMY
TALLAHASSEE, FLORIDA

SECRET
TALLAHASSEE, FL

2021 AUG 30 AM 8:58

7

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1 Sep 2021

Shen hi

Signature of a member or authorized representative of a member

Shaw Li

Typed or printed name of signee