## KZ1000182840

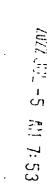
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
	88 SPA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	TIAN, QING		
		Name of Person	
	AQUA 888 SPA, LLC		
	<u> </u>	Firm/Company	
	350 E MCNAB RD		
	····	Address	
	POMPANO BEACH, FL.	33060	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	utication)
For further information	concerning this matter, please c		
TIAN, QING		954 997 6160	
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enctosed 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 raddmonal copy is enclosed)
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 --- -5 17: 7: 53

AQUA 888 SPA, LLC	. 7. 33
(Name of the Limited Liability C (A Florida Lii	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000182840</u>	npany were filed on 04/20/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
N/A	
The new name must be distinguishable and contain the words "Limited	f 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 ADDRES	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address: N/A	
	Enter Florida street address
	, Florida
	City Zip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added os removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WIENER, XIUYING Z	721 SW 148 AVE., APT 304SUNRISE, FL 33325	□Add
			≣Remove
			□Change
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			□Change
	<u> </u>		□Add
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			□Change

Effective date, if other than the date of filing: 07/01/2022 (optional)  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 605/02  Note: If the date inserted in this block does not meet the applicable statutory lifting requirements, this date will not be listed a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ord is filed.  Dated 07/01 2022  Signature of a member or authorized representative of a member.			
Effective date, if other than the date of filing:    07/01/2022	<del></del>		<del>-</del>
Effective date, if other than the date of filing:    07/01/2022			
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Effective date, if other than the date of filing:  [an effective date, if other than the date of filing:  [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 608.026.  [Stote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  [Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled.  [Page 17/01			
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	<del></del>	Typed or printed name of signee	

Filing Fee: \$25.00