L22000012585

(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	- 1
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addross)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Rusiness Entity Name)
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	<u></u>
	Special Instructions to Filing Officer:
90	00
A - W:	A -

Office Use Only



500392326035

09/18/22--01011--011 **55.00

2022 AUG 18 AM 10: 00 :

FILED
SECRETARY OF STATE
OF CORROBATIONS

of Sections of 2021

COVER LETTER

	gistration Sec ision of Corp				
CHRIECT		SAGE.LLC.			
SUBJECT:		Name of Limite	ed Liability Company		
The enclosed	l Articles of a	Amendment and fee(s) are subm	itted for filing.		
Please return	all correspo	ndence concerning this matter to	the following:		
•		Yan Hong Xiao			
			Name of Person		
		Xiao Massage			
			Firm/Company	 	
		5549 HWY 393			
			Address		
		Crestview, Florida, 32539			
			City/State and Zip Code	:	
		Woodaboutbob@gmail.com		1	
For further in	nformation c	E-mail address: (to oncerning this matter, please cal	be used for future annual:	i report notificatio	п
Yan Hong X	Ciao		850 63	34-8661	
	Name o	f Person	Area Code	Daytime Tele	phone Number
Enclosed is	a check for th	ne following amount:			
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is er		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres			Address: ration Section	
	-	Corporations	Divisi	on of Corpora	tions
	O. Box 632			entre of Tallal	
Ta	Ilahassee, l	FL 32314	2415 i	N. IVIONTOE SU	eet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XIAO MASSAGE, LLC

(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L22000012585</u>	e filed on January 05.2022	and assigned
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 C	ompany," 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 addragent and/or the new registered office address here:		·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Civ	лр Code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office ada	formance of my duties, and I am ided for in Chapter 605, F.S. Or	familiar with and 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			DAdd
			□Remove
•			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

TO PROVIDE THERAPUTI	IC AND RELAXING MASSAGE.
SALES OF ASSOCIATED N	MERCHANDISE AND NOVELTIES.
COSMETOLOGY SERVICE	ES AS ALLOWED BY FLORIDA STATUES. CONSTRUCTION, ALTERATION,
PURCHASING, RENTING.	LEASING, OF BUILDINGS FOR EXPANSION OF THESE SERVICES, AND
ANY OTHER SERVICES L.	AWFULLY ALLOWED.
<u></u>	
ective date, if other than the neffective date is listed, the date muster: If the date inserted in this blument's effective date on the D	e date of filing:
ecord specifies a delayed effective s filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
red JULY 23	. 2022
1211 1. 14	Signature of a member or authorized representative of a member

Filing Fee: \$25.00