122000034065

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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TO: Registration Se Division of Cor			
SURIFCT.	SUNNY THAI Name of Lim	MASSAGE LIC	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> </u>	HUANG LONG Name of Person	
		Name of Person	
	San	NY THAI MASSAC	SE LLC
		Firm/Company	
	6100 SEA	ALADE BIND	
		11NOLE BLVD. Address	 -
	57.1.		2 7 77
		NOLE FL 3:	2/12
	XIE	JACK 88 0 GMAIL. to be used for future annual repo	COM
	E-mail address: (to be used for future annual repo	rt notification)
For further information co	oncerning this matter, please co	all:	
Jacu	V IF	407 \ 9	63-5617
Name o	X (F)	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Addre Registratio	
Division of C		-	f Corporations
P.O. Box 632 Tallahassee, I			e of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunny Thai Massage LLC					
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	now appears on our reco Company)	<u>rds.</u>)	<u> </u>	
he Articles of Organization for this Limited L lorida document number <u>L22000034065</u>	Liability Company were	filed on <u>07/27/2023</u>		and ass	signed
his amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name of	of the limited liability co	ompany here:			
he new name must be distinguishable and contain the		npany," the designation "LI	.C" or the abb	previation "L	L.C."
nter new principal offices address, if appli Principal office address MUST BE A STREA					_
THE PARTIE WAR CON THE A STREET			10	20	
			3.0	2023 AUG	73
nter new mailing address, if applicable:			() ()	_ 9ii	
Mailing address MAY BE A POST OFFICE			_ ;	77	
			5765 2000 2000	7	
			그림	_ ف	
 If amending the registered agent and/or gent and/or the new registered office addre 		ss on our records, <u>ente</u>	er the name	e of the ne	w regist
Name of New Registered Agent:	Yihuang Long				
New Registered Office Address:					
-		Enter Florida street addi	ress		
		, I	Florida		
		in		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 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
MGR	Hongmei Li		□Add
		6100 Seminole Blvd. Seminole FL 33772	■Remove
			□Change
AMBR	Yihuang Long	6100 Seminole Blvd. Seminole FL 33772	= Add
			□Remove
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