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Office Use Only



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05/20/22--01006--020 **25.00

22 MAY 20 PH 12: 37

T. MATTHEWS

JUL 20 2022

COVER LETTER

POINT MAS					
	SAGE DAY SPA LLC				
	Name of Lim	ited Liability Company			
Articles of A	mendment and fee(s) are sub	mitted for filing.			
ill correspon	dence concerning this matter	to the following:			
	SHIYUN XIE				
		Name of Person			
	POINT MASSAGE DAY	SPA LLC			
		Firm/Company			
	469 ATLANTIC BLVD S	TE 7			
		Address			
	ATLANTIC BEACH, FL.	32233			
		City/State and Zip C	ode		
ormation co			nual report notification)		
		626	899-2764		
Name of	Person	Area Code	Daytime Telephone Number		
heck for the	following amount:				
ing Fee	S30.00 Filing Fee & Certificate of Status	Certified Cop	y Certificate of Status &		
			et Address: istration Section		
Division of Corporations		Division of Corporations			
			Centre of Tallahassee N. Monroe Street, Suite 810		
	Name of heck for the ling Fee sion of Co Box 6327	Articles of Amendment and fee(s) are sub Il correspondence concerning this matter SHIYUN XIE POINT MASSAGE DAY: 469 ATLANTIC BEACH, FL. xie927443339@gmail.com E-mail address: (i) ormation concerning this matter, please ca Name of Person heck for the following amount: ing Fee \$30.00 Filing Fee & Certificate of Status ng Address: stration Section sion of Corporations Box 6327	POINT MASSAGE DAY SPA LLC Firm/Company		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF ORYGINAL OR CORPORATION:

22 MAY 20 PH 12: 37

POINT MASSAGE DAY SPAILLC

(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 Co		and assigned
Florida document number L22000047585	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enton - and modified address (County of the		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	55
	, FI	lorida
		Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, a yent as provided for in Chapter 605,	nd I am familiar with and F.S. Or, 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>	<u>Name</u>	Address	Type of Action
MGR	MINGMING DAI	469 ATLANTIC BLVD STE 7	□Add
		ATLANTIC BEACH, FL 32233	
			□ Change
MGR	YUMELZHANG	469 ATLANTIC BLVD STE 7	≣Add
		ATLANTIC BEACH, FL 32233	□Remove
			□Change
			□Add
			□Remove
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reffective date:	is listed, the date must be	specific and ca	unnot be prior to	date of filing or	nore than 90 da	(optional) ys after filing.)	Pursuant to 605.03	207
tument's effec	e inserted in this block ctive date on the Depa	tions not med riment of Stat	et the application is records.	ole statutory fili	ng requireme:	nts, this date w	'ill not be listed	as
cord specifies s filed.	s a delayed effective d	ate, but not an	n effective tim	e, at 12:01 a.m	on the earlie	r of: (b) The	90th day after t	he
s med.								
ed	519		2022					
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	<u> </u>	STATE OF STATE	mer or amnori	zeo representativ	e or a member			
	UN XIE							

Filing Fee: \$25.00