

L22000047585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

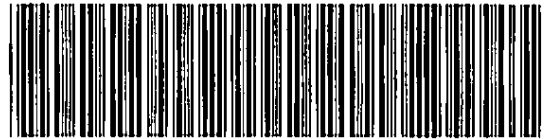
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY 20 PM 12:37

T. MATTHEWS

JUL 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POINT MESSAGE DAY SPA 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:

SHIYUN XIE

Name of Person

POINT MESSAGE DAY SPA LLC

Firm/Company

469 ATLANTIC BLVD STE 7

Address

ATLANTIC BEACH, FL 32233

City/State and Zip Code

xie927443339@gmail.com

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

For further information concerning this matter, please call:

SHIYUN XIE

626

899-2764

at ()

Name of Person

Area Code

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

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>
MGR	MINGMING DAI	469 ATLANTIC BLVD STE 7	<input type="checkbox"/> Add
		ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YUMEI ZHANG	469 ATLANTIC BLVD STE 7	<input checked="" type="checkbox"/> Add
		ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

If 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 record is filed.

Dated 5/9 2022

Signature of member or authorized representative of a member

SHIYUN XIE

Typed or printed name of signee

Filing Fee: \$25.00