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COVER LETTER

TO: Registration Division of C			
	SPA & MASSAGE, I.LC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	HYE RODRIGUEZ		
		Name of Person	_
		Firm/Company	
	6103 N ATLANTIC AVE	STE J	
		Address	
	CAPE CANAVERAL, FL	32920	7022 OCT SECRETA
	kimmyspa2000@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	- SSEE
For further information	concerning this matter, please c	all:	AHIO: 20 OF SIPAR SEE, FL
HYE RODRIGUEZ		386 301-9316 at ()	m, 0
Name	e of Person	Area Code Daytime Telephone Nur	mber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{02/6}{2}$	03/2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :
N/A		2
The new name must be distinguishable and contain the	words "Limited Liability Company." the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
Principal office address MUST BE A STRE	ET ADDRESS)	등전 & 기
		S (C) Pr
Enter new mailing address, if applicable:		10: 20 STATE E.S.L.
Enter new manning address, it applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office address.		cords, <u>enter the name of the new regi</u> s
Name of New Registered Agent:		
New Registered Office Address:	6103 N ATLANTIC AVE. STE J	
		da street address
	CAPE CANAVERAL	, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ASIANA SPA & MASSAGE, LLC.

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>	<u>Name</u>	Address	Type of Action
MGRM	HYE RODRIGUEZ	6103 N ATLANTIC AVE. STE J	□Add
		CAPE CANAVERAL, FL 32920	≣ Remove
			☐ Change
MGRM	MGRM THERESA D MURRAY	6103 N ATLANTIC AVE. STE J	= Add
		CAPE CANAVERAL, FL 32920	□Remove
			□Change
	 		□Add
			SECRETARY OF STATE ALLIAHASSEE, SL Remove
			☐ Change
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ective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filing ck does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursi y filing requirements, this date will r	uant to 605.020 not be listed as
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th	n day after the
October 13th	, 2022		
.ea			
	Signature of a member or authorized represer	_	