

L22000179783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

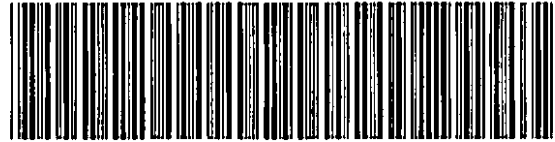
(Business Entity Name)

(Document Number)

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08/16/22--01007--023 **25.00

22 AUG 16 AM 8:55
DIVISION OF CORPORATIONS
SECRETARY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WELLNESS MASSAGE CENTER AND 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:

HEYI CHEN
Name of Person
WELLNESS MASSAGE CENTER AND SPA LLC
Firm/Company
8730 THOMAS DRIVE # 1104 B
Address
PANAMA CITY ^{BEACH} FLORIDA 32408
City/State and Zip Code
HEYICHEN1122@GMAIL.COM
E-mail address: (to be used for future annual report notification)

22 AUG 16 AM 8:55
SECTION OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

HEYI CHEN at (626) 620-9600
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WELLNESS MASSAGE CENTER AND SPA LLC

(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 Company were filed on 04/13/2022 and assigned Florida document number L22000179783.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8730 THOMAS DRIVE # 1104 B

PANAMA CITY BEACH

FLORIDA 32408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8730 THOMAS DRIVR # 1104 B

PANAMA CITY BEACH

FLORIDA 32408

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DIVISION OF CORPORATE & FINANCIAL SERVICES

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HEYI CHEN

New Registered Office Address:

8730 THOMAS DRIVE #1104 B

Enter Florida street address

PANAMA CITY BEACH

Florida 32408

City

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.

Heyi Chen

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
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DIVISION OF COMMUNICATIONS

