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## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: WELLNES	S MASSAGE CENTER AND	SPA LLC		
	Table 14 Dill	into rimonty eviapany		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HEYLCHEN			
		Name of Person		
	WELLNESS MASSAGE	CENTER AND SPAILLC		<b>22 A</b> UG 16
		Firm/Company		
	8730 THOMAS DRIVE#	1104 B		6
	BEAC	H Address	·	UG 16 AM 8:55
	PANAMA CITY/FLORII	DA 32408		8: 55
		City/State and Zip Code		•
	HEYICHEN I 122@GMAII	COM		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
HEYI CHEN		626 620-9600		
Name o	f Person	at () Area Code Daytim	e 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)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810	

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

#### WELLNESS MASSAGE CENTER AND SPAILLC

(Name of the	Limited	Liability	Com	iany as i	tnow	appears	on our	records.)
	1.5	Florida	imile	Liabilit	v Con	many		

his amendment is submitted to amend the following:  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 onter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  The new mailing address MAY BE A POST OFFICE BOX  The new mailing address on our records, enter the name of th	(Name of the Limited					
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 of the new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  The new mailing address, if applicable:  The new mailing address, if applicable:  The new mailing address MAY BE A POST OFFICE BOX)  The new mailing address MAY BE A POST OFFICE BOX  The new registered agent and/or registered office address on our records, enter the name of the new registered office address here:  The new Registered Agent:  Name of New Registered Agent:  New Registered Office Address:  8730 THOMAS DRIVE #1104 B	<u> </u>	oility Company w 	ere filed on <u>04/13/2</u>	022	_ and a:	ssigned
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the gent and/or the new registered Office address here:  Name of New Registered Agent:  New Registered Office Address:  8730 THOMAS DRIVE #1104 B  PANAMA CITY BEACH  PANAMA CITY BEACH  PANAMA CITY BEACH  PANAMA CITY BEACH  HEY1 CHEN  HEY1 CHEN  8730 THOMAS DRIVE #1104 B	ndment is submitted to amend the follow	ring:				
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the regent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  8730 THOMAS DRIVE # 1104 B  PANAMA CITY BEACH  PANAMA CITY BEACH  FLORIDA 32408  STORIDA 32408  HEYI CHEN  New Registered Office Address:  8730 THOMAS DRIVE #1104 B	ending name, <u>enter the new name of t</u>	he limited liabili	ty company here:			
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the regent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  8730 THOMAS DRIVE # 1104 B  PANAMA CITY BEACH  PANAM			· ·			
Principal office address MUST BE A STREET ADDRESS)  PANAMA CITY BEACH  FLORIDA 32408  PANAMA CITY BEACH  FLORIDA 32408  PANAMA CITY BEACH  PANAMA	one must be distinguishable and contain the wor	ds "Limited Liability	Company," the design	ation "LLC" or the abbre	riation "	tc."
Principal office address MUST BE A STREET ADDRESS)  THOMAS DRIVE # 1104 B  PANAMA CITY BEACH  PANAMA CITY BEACH  PANAMA CITY BEACH  FLORIDA 32408  THOMAS DRIVE # 1104 B  PANAMA CITY BEACH  FLORIDA 32408  THOMAS DRIVE # 1104 B  PANAMA CITY BEACH  PANAMA CITY BE	w principal offices address, if applicat	ole:	8730 THOMAS DR	IVE # 1104 B		<u>( .</u>
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  FLORIDA 32408  PANAMA CITY BEACH  FLORIDA 32408  THOMAS DRIVE # 1104 B  PANAMA CITY BEACH  FLORIDA 32408  THOMAS DRIVE # 1104 B  PANAMA CITY BEACH  Repeat and/or the registered agent and/or registered office address on our records, enter the name of the register and/or the new registered office address here:    Name of New Registered Agent:   HEY1 CHEN	d office address MUST BE A STREET	ADDRESS)	PANAMA CITY - (	3 EACH	2	<u></u>
Standard Driver # 1104 B   Standard Driver # 1	•		FLORIDA 32408	•	- G	(2) 2. j:
PANAMA CITY BEACH   STATE		-			9	- <del> </del>
PANAMA CITY BEACH   STATE   PANAMA CITY BEACH   STATE   PANAMA CITY BEACH   PANAMA C	w mailing address, if applicable:		8730 THOMAS DR	IVR # 1104 B	A.	
ELORIDA 32408  FLORIDA 32408  If amending the registered agent and/or registered office address on our records, enter the name of the regent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  #### HEY1 CHEN    8730 THOMAS DRIVE #1104 B	Mailing address MAY BE A POST OFFICE BOX)		PANAMA CITY	BEACH		
Name of New Registered Agent:  New Registered Office Address:  8730 THOMAS DRIVE #1104 B			FLORIDA 32408			<u></u>
New Registered Office Address: 8730 THOMAS DRIVE #1104 B	d/or the new registered office address	istered office ad- here:		ds, <u>enter the name o</u>		ew res
New Registered Office Address:	traine of tress registered rigett.		SDIVE HILOUD			
Enter Florida street address	New Registered Office Address:	8730 THOMAS D				
PANAMA CITY BEACH		PANAMA CITY		Florida <u>32408</u>	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>	<u>Name</u>	Address	Type of Action
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