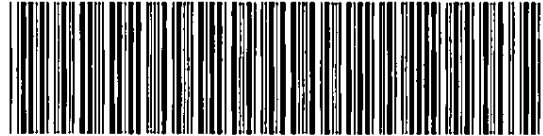


L22066193947



100394516941

FILED

2022 SEP 16 AM 6:25

REGISTRY OF DEEDS  
MILWAUKEE, WI

RECORDED

2022 SEP 16 PM 3:45

REGISTRY OF DEEDS  
MILWAUKEE, WI

A. BUTLER

SEP 20 2022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: 120210000160 Amount: \$25.00

Authorization Signature: *[Signature]*

9272 Miami Spa LLC L22000193947

Walk in \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Mail out \_\_\_\_\_ Will wait

\_\_\_\_\_ Photocopy

\_\_\_\_\_ Certified Copy (s)

\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

- \_\_\_\_\_ Profit
- \_\_\_\_\_ Not for Profit
- \_\_\_\_\_ Limited Liability
- \_\_\_\_\_ Domestication
- \_\_\_\_\_ Other
- \_\_\_\_\_ **CORP**

**AMMENDMENTS**

- Amendment
- \_\_\_\_\_ Resignation of R.A. Officer/Director
- \_\_\_\_\_ Change of Registered Agent
- \_\_\_\_\_ Dissolution/Withdrawal
- \_\_\_\_\_ Merger
- \_\_\_\_\_ **Conversion**
- \_\_\_\_\_ Articles of Conversion

**OTHER FILINGS**

- \_\_\_\_\_ Annual Report
- \_\_\_\_\_ Fictitious Name
- \_\_\_\_\_ ARTICLES OF CORRECTION

**REGISTRATION/QUALIFICATIONS**

- \_\_\_\_\_ Foreign filing
- \_\_\_\_\_ Limited Partnership
- \_\_\_\_\_ Reinstatement

\_\_\_\_\_ APOSTIL( ) \_\_\_\_\_  
Country

\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 9272 MIAMI 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:

Jacob Zhang  
 \_\_\_\_\_  
 Name of Person

\_\_\_\_\_  
 Firm/Company

12905 SW 42nd St Unit 222  
 \_\_\_\_\_  
 Address

Miami, FL 33175  
 \_\_\_\_\_  
 City/State and Zip Code

confirmation@ivy-cpa.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ye Zhang    305                  310-0315  
 \_\_\_\_\_ at ( \_\_\_\_\_ )  
 Name of Person    Area Code                  Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

9272 MIAMI SPA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2022 SEP 16 AM 6:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 4/22/2022 and assigned  
Florida document number L22000193947.

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)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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.*

\_\_\_\_\_  
**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>
AMBR	LI, HONGMEI	9272 SW 40th St	<input type="checkbox"/> Add
		Miami, FL 33165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZHANG, YE	9272 SW 40th St	<input checked="" type="checkbox"/> Add
		Miami, FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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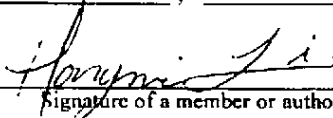
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Sept 16, 2022



Signature of a member or authorized representative of a member

Hongmei Li

Typed or printed name of signee