L23000530180

(Requestor's Name)
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(Document Number)
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J. HORNE
JAN 1 1 2023





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12/18/23--01024--018 **25.00



COVER LETTER

TO: Registration Sec Division of Corp	orations	•	
SUBJECT: <u>(\frac{1}{2} \frac{5}{2}</u>	Name of Lim	MASSAGE LUC ited Liability Company	Change of NAME
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person WASSIC MASSAGE Firm/Company	UV C
44	5700 SA. 160	Address	
	LAND O LA Guilling ZHA E-mill address:	City/State and Zip Code O 71 (A) G Mail Co to be used for future annual report notif	4638 om ication)
For further information co	ncerning this matter, please c	all:	
Guiling Z	-LAO Person	at (317) 665 - Area Code Daytimo	14632. Telephone Number
Enclosed is a check for the	e 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 tadditional 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

The Articles of Organization for this Limited Liability Company were filed on Nous Lev 222 Florida document number _ L 23000530 180 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 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 ₋

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.

City

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			☐ Change
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			□ Chunus

<u> Note:</u> If	date, if other than the date of filing: (optional) e 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	5.0207 (ed as t
record s d is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	13 DECEMBET . 2023. Guiling 2has Signature of a member or authorized representative of a member	
	Guiling Zhao	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00