L22000494012

(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

Division of Cor		,		
Imperial Fo	oot Spa. LLC			
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Xiuxia Meng			
		Name of Person		
	Massage Hospital LLC			
		Firm/Company		
	27831 S Tamiami Trial			
		Address		
	Bonita Springs, FL 34134			
		City/State and Zip Code		
	mengxiuxia@gmail.com E-mail address: (to be used for future annua	al report notifica	tion)
For further information c	oncerning this matter, please c			,
Yunjia Geiman	ζ	239 9	19-6297	
Name of	f Person	at () Area Code	Daytime To	elephone Number
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street A	Address:	
Registration 9	Section	Rogiet	ration Section) n

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Imperial Foot Spa, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000494012</u> .	were filed on 11/18/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	28441 S Tamiami Trail, Unit 210
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34134
Enter new mailing address, if applicable:	28441 S Tamiami Trail, Unit 210
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, FL 34134
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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 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
			□Add
			□Remove
			□Change
			DAdd
			□Change
			□Add
			Remove
			Change
			□Add
			Remove .
			□Change
			□Add
			□Remove
			Change
			\ \ \ \ \ \ \
			□Remove
			□ Chausa

		
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		-
Effective d	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 605.0	1205
Note: If th	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	l as
document's	s effective date on the Department of State's records.	-
e record spe rd 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	the
Dated	4-24-24 XM.	
	XIMXIA Men 9	
-	Signature of a profiber or authorized representative of a member	

Filing Fee: \$25.00