

L250000628043ABC

Florida Department of State
Division of Corporations
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((H25000062804 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : JUDY ZHU TAX SERVICES LLC
Account Number : I20230000182
Phone : (321)215-1310
Fax Number : (856)956-1099

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cdowdy1969@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANCIENT CITY MASSAGE LLC**

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY

FEB 20 2025

COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: ANCIENT CITY MASSAGE 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:

CHRISTIAN H DOWDY

Name of Person

ANCIENT CITY MASSAGE LLC

Firm/Company

203 S PONCE DE LEON BLVD

Address

ST. AUGUSTINE, FL 32084

City/State and Zip Code

cdowdy1969@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN H DOWDY

Name of Person

at (904) 450-4053

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**

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ANCIENT CITY MASSAGE 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 02/07/2025 and assigned
Florida document number L25000066151.

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)

203 S PONCE DE LEON BLVD

ST. AUGUSTINE, FL 32084

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:

CHRISTIAN H DOWDY

New Registered Office Address:

203 S PONCE DE LEON BLVD

Enter Florida street address

ST. AUGUSTINE

Florida

32084

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.

Chris Dowdy

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LIPING XIONG	203 S PONCE DE LEON BLVD	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTIAN H DOWDY	203 S PONCE DE LEON BLVD	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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 the date of the filing of the application with the U.S. Patent and Trademark Office.)

(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 Feb 18 2025

Chris Deane

Signature of a member or authorized representative of a member

CHRISTIAN H DOWDY

Typed or printed name of signee