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Special Instructions to Filing Officer:
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COVER LETTER

Div	rision of Cor	porations		
elidikate.		Spa Massage, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The encloses	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
r rease return	run concespo			
		Xiaoping Yao		
			Name of Person	
		Sunshine Spa Massage,	LLC	
			Firm/Company	
		1022 W. SR 436 Suite 10	022 W. SR 436 Suite 1006	
			Address	·
		Altamonte Springs, Ft. 3	2714	
			City/State and Zip Code	
		ciciyao7008@gmail.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please ca	dı:	
Xiaoping Y	'ao		407 409-1539	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for tl	ne foliowing amoun:		
\$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)
			een programmi	TRANSPIEC.

MAILING ADDRESS:

• TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Sunshine Spa Massage, LLC		<u>.</u>
Name of the Limit	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L. Florida document number		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the de-	signation "LLC" or the abbreviation "LEC."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE		20
Enter new mailing address, if applicable:		9: 50
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	11-
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter the name of the new</u>
Name of New Registered Agent:	Alaoping Yao	
New Registered Office Address:	1022 W. SR 436, Suite 1006	
	Enter Florid	la street address
	Altamonte Springs	, Florida 32714
	Cltv	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
AMBR	Xiaoping Yao	1022 W. SR 436	
		Suite 1006	🗀 Remove
		Altamonte Springs, FL 32714	Change
AR	Shouyu Fu	1022 W. SR 436	🗖 Add
		Suite 1006	≅ Remove
		Altamonte Springs, FL 32714	Change
			□ Add
			☐ Remove
			☐ Change
			AHASSI DE MOVE
			Thansa Change
			ORIDA
			Remove
			Change
			☐ Remove
			□ Change

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Filing Fee: \$25.00