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SECRETARY OF STATE

B. BOSTICK

APR 26 2011

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Oviental Therapy Center LLC Name of Limited Chability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person		
oriental Therapy center LLC.		
8771 styiling Rd		
Coper City TL 33328 City/State and Zip Code Oriental therapy center a yahoo C E-mail address: (to be used for future annual report notification)	an. =	
For further information concerning this matter, please call:	PR 25	
Jessica serger at (254 249 - 1316 Name of Person) at (254 249 - 1316 Area Code & Daytime Telephone Number	PH 1:53	
Enclosed is a check for the following amount:	D	
(additional copy is enclosed) Certified	e of Status &	osed)

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 ARTICLES OF ORGANIZATION

Name of the Limited Limited Limited Limited Limited Limited Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)							
The Articles of Organization for this Limited Liab	ility Company were filed on _ 647.5	8/4/201	<u>o</u> and	assigned	l		
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	e limited liability company l	here:					
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Con	npany," the designation	"LLC" or t	he abbrev	iation		
Enter new principal offices address, if applicabl	le:		ELLA FLUA		•		
(Principal office address MUST BE A STREET A			<u> </u>		_ ;		
Enter new mailing address, if applicable:			SET FLOR	o gij	;		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		TE A				
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on e address here:	our records, enter	the nam	e of the	new		
Name of New Registered Agent:	Y	in	··· <u>·</u>				
New Registered Office Address:	8771 Striling	TRS Enter Florida street ad	dress		_		
-	cooper city	, Florida	~ ~	8. ode			
New Registered Agent's Signature, if changing Regi	istered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name <u>Address</u> **Type of Action** Singer. YAN Hui Cai goy hampton CT West on 76 33326 Remove ☐ Add Remove ☐ Add ☐ Remove Remove □Add Remove $\neg Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Men have Con Zenger
/Signature of a member or authorized representative of a member Yan Hul CAI 51NGER.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00