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(R	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(D	ocument Number)			
Certified Copies	rtified Copies Certificates of Status			
Special Instructions to	Filing Officer:	<i>;;;</i> ;		





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T. HAMPTON
SEP - 8 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Fastern Healing Masage Therapy LL</u> C. 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:
Ying SHU WU. Name of Person
Eastern Healing Massage Therapy U.C.
812W Lantana Rd Address
Lantana Florid. 33462. City/State and Zip Code.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ying Shu WU at (561) 533 - 5516 9AM 70 9PM Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$\ \text{Solution}\$\$\$\ \text{Certificate of Status}\$

MAILING ADDRESS:

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 **OF**

Eastern Healt Name of the Limited	ng Massa Kiability Company Florida Limited Liab	ge Thera as it now appears illity Company)	DY LL C pnyour records.)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited L	iability Company we	ere filed on	19/07	and assign	ed
This amendment is submitted to amend the foll	-				
A. If amending name, enter the new name o	<u>f the limited liabilit</u>	y company here:	l.		
The new name must be distinguishable and end wi	th the words "Limited	Liability Company	y," the designation	"LLC" or the abbr	eviation
Enter new principal offices address, if applic	:able:				
(Principal office address MUST BE A STREE	ET ADDRESS)		`		
Enter new mailing address, if applicable:	· -			09 SEP -	SECRE L
(Mailing address MAY BE A POST OFFICE BOX)					F COY
B. If amending the registered agent and	or registered offic	e address on ou	r records, enter	the name ax ti	OF STATES
registered agent and/or the new registered o					SN
Name of New Registered Agent:	Yingshu	Wu			
New Registered Office Address:	812W L	untana	Rd r Florida street ad	11	
,	1 antan		r Florida sireel do , Florida _		
	()	City	, rionua _	Zip Code	
New Registered Agent's Signature, if changing					
I haraby accent the appointment as registers	ed agent and agree	to act in this car	acity I further a	oree to comply:	with

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

Page 1 of 2

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:

<u>l'itle</u>	<u>Name</u>	Address	Type of Ac	tion
owner	Yingshu Wu	812W Lantana Rd Lantana F.L 3346-	Add Remove	
			Add Remove	
		· · · · · · · · · · · · · · · · · · ·	Add Remove	
 _			Add Remove	
			Add Remove	
· 			Add Remove	
w)	e are only changes	e(s) here: (Attach additional sheets, if necessary.) OND NET NOMME TO Youshu Wu	SEP -4	SECRETARY OF
ated <u>08</u>	2/26/09 2/-nash.		PM12: 15	Y OF STATE
	Signature of a member Ying Shu Typed	or authorized representative of a member Or printed name of signee	. <u> </u>	

Page 2 of 2

Filing Fee: \$25.00