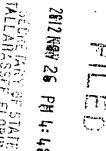
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	NT
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Office Use Only

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COVER LETTER

TO: Registration Section
Division of Corporations

FUFU SPA & MASSAGES LLC

SUBJECT:

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:

GLORIA GUO CPA

Name of Person

GLORIA GUO & ASSOCIATES CPA PA

Firm/Company

9200 BELVEDERE ROAD SUITE 103

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

GLORIAGUOCPA@YAHOO.COM

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

For further information concerning this matter, please call:

GLORIA GUO CPA

_{...}561、383-8388

Name of Person

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUFU SPA & MASSAGES 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 Con	npany were filed on 11/13/2012	and assigned
Florida document number L12000142877		·
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limite	d liability company here:	
FUFU INTERNATIONAL LLC		·
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BOX)	4.4	12 R 199
		A Comment of the comm
B. If amending the registered agent and/or register registered agent and/or the new registered office address		
		ORIE C
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida sti	reet address
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	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 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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Kemove
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If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	<u> </u>
_	
d	Nov 21, 2012
	Fuming Yong
	Signature of a member or authorized representative of a member FUMING YANG Fuming Young
	Typed or printed name of signee

Page 3 of 3

THINGS 25 PM 4: 48