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COVER LETTER

TO:

TO:	Registration So Division of Cor			
SUBJEC	A SWEET			
NUDJEK	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		HONGYAN ZHENG		
		A SWEET SPA LLC	Name of Person	
		5111 BAYMEADOWS RI	Firm/Company D UNIT 8	
		JACKSONVILLE, FL 322	Address	
		ASWEETSPA@HOTMAII	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For furth	er information c	oncerning this matter, please ea	all:	
HONGY	'AN ZHENG		626 376-2362 at ()	
	Name o	f Person		Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.0	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		iny as it now appears on our rec Liability Company)					
The Articles of Organization for this Limited Liabil		were filed on 11/09/2015		aı	nd assi	gned	
Florida document number L15000189768							
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the	endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" ew principal offices address, if applicable: all office address MUST BE A STREET ADDRESS) ACKSONVILLE, FL 32217 STIL BAYMEADOWS RD UNIT 8 STIL BAYMEADOWS RD UNIT 8						
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "I	.LC" or the	ab bn eviati	on "L.f.	<u>.,Ç."</u>	
Enter new principal offices address, if applicable):	5111 BAYMEADOWS RD	UNIT 8	ALL:	ل 19		
		JACKSONVILLE, FL 322	E, FL 32217		UN +7	<u> </u>	
Enter new mailing address if applicables		5111 BAYMEADOWS RD	UNIT 8	. 0			
(Mailing address MAY BE A POST OFFICE BO)	<u>Y)</u>	JACKSONVILLE, FL 322	17		ය න		
registered agent and/or the new registered office			rds, <u>ente</u>	r the n	ame e	of the nev	
New Registered Office Address: 5							
	Enter Florida street address						
<u> 1</u> ,	ACKSONVIL	·	Florida ³²²¹⁷				
New Registered Agent's Signature, if changing Regis	stored Agent	City		Zip -	Code		
	zent and agra	ee to act in this capacity. I performance of my duties.					

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>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove SECRETA AHAM Remove
			Remove SECRETARY OF STATE CORICE Remove
			Change
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Effective date, if other than	ı the date of fili	ng:		(c	ptional)		
Effective date, if other than If an effective date is listed, the dat <u>Note:</u> If the date inserted in th	te must be specific at his block does not	nd cannot be prior to	o date of filing or	more than 90 days	after filing.) Purs	uant to	605.0207 listed as 1
document's effective date on t					This take with	.01 00	insica iis
ne record specifies a dela The 90th day after the	ayed effective record is filed	date, but not	an effective	time, at 12:0)1 a.m. on t	he ea	rlier of
Dated May 26		2019	<u>.</u> .				
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