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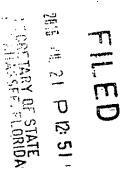
(Re	equestor's Name)			
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COVER LETTER

Division of Cor	porations				
YAN ACU SUBJECT:	PUNCTURE & HERBS CENT	ER LLC			
SUBJECT:	Name of Limi	ted I iability Company			
The enclosed Articles of	Amendment and fec(s) are subt	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	Chanling Yan				
		Name of Person			
	YAN ACUPUNCTURE &	HERBS LLC			
		Cirm/Company			
	4000 NW 51st ST, Apt. JT	78			
		Address			
	Gamesville, FL 32606				
	City/State and Zip Code				
	yanchunling.hazgmail.com F-mail addiess (to be used for future annual report notification)				
	F-mail address (1	o be used for future annual report notif	teation)		
For further information c	oncerning this matter, please ca	dl:			
Chunling Yan	571 2443290 at () ne of Person Area Code Daytime Telephone Number				
Name c	of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for t	he 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

TO:

Registration Section

P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAN ACUPUNCTURE & HERBS CENTER 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 Company	were filed on miy 11, 2016 and assigned
Florida document number 1.16000130606	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
YAN ACUPUNCTURE & HERBS LLC	
The new name must be distinguishable and contain the words "I united I iabil	lity Company," the designation "TTC" or the abbreviation "LTC"
Enter new principal offices address, if applicable:	4210 NW 37th PL, Suite 200
(Principal office address MUST BE A STREET ADDRESS)	Gamesville, Ft. 32606
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Florida street address Florida street address Florida street address Florida street address
	City > /sp 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, it this document is being filed to merely reflect a change in the registered office address. Thereby 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
			□ Add
			Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Add
		76 - 17 77 - 17 77 - 17 77 - 17 - 17 - 17	
		AHASSEE FLORIDA	Thange
		FLORIDA	Remove
		**	Change