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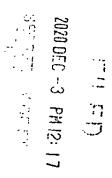
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COVER LETTER

TO: Registration Se Division of Cor			
	RESSURE MASSAGE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JIA FEI		
		Name of Person	
	WISE TAX AND FINANC	CIAL SERVICES PLLC	
		Firm/Company	
	7208 W SAND LAKE RD	, STE 305	
		Address	
	orlando fl328 [9		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	uli.	
JIA FEI		407 4087517	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	orion
Registration ! Division of C		Registration Sec Division of Cor	
DIVISION OF C		The Centre of T	

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J C ACUPRESSURE MASSAGE LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records imited Liability Company)	<u>r.)</u>
The Articles of Organization for this Limited Liability Co. Horida document numberL16000185078	mpany were filed on 10/05/2016	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~ <u>.</u>	020 D
Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
		P 7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s ·
	cı.	orida
	City . F R	Zip 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, 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 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>	Name	<u>Address</u>	Type of Action
AMBR	Mingzhen Bao	1004 E. OSCEOLA PKY	□ Add
		KISSIMMEE FL 34744	■Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

	
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E ffective f an effecti	date, if other than the date of filing:
<u>Note:</u> If t	
Note: If the document is record specified as	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Note: If the document of the second s	
Note: If indocument record spread is filed.	

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