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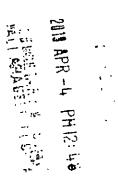
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| , , , |
| (Document Number) |
| Certified Copies Certificates of Status |
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COVER LETTER

| | gistration Se ision of Co | | • | |
|----------------|------------------------------|---|---|--|
| SUBJECT: | GREEN IS | SLAND SPA LLC | | وب |
| | - | Name of Lin | nited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub- | omitted for filing. | EL PRANTE PARTY |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | Sau Lam | | |
| | | | Name of Person | |
| | | GREEN ISLAND SPA LI | .C | |
| | | | Firm/Company | |
| | | 5850 PHILIPS HWY | | |
| | | | | |
| | | JACKSONVILLE, FL 323 | 216 | |
| | | greenislandspalle@gmail.co | City/State and Zip Code om | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further in | formation c | oncerning this matter, please ea | all: | |
| Sau Lam | | | 917 682-6999 at () | |
| | Name o | f Person | | : Telephone Number |
| Enclosed is a | check for th | oc following amount: | | |
| ■ \$25.00 Fi | iling 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

| | OF | pears on our records.) 10/23/2017 and assigned is |
|--|--|---|
| GREEN ISLAND SPAILLC | | |
| | ited Liability Company as it now an | Dears on our records) |
| \ <u></u> | ited Liability Company as it now ap (A Florida Limited Liability Compar | (y) |
| The Articles of Organization for this Limited I | Liability Company were filed on | 10/23/2017 and assigned (5) |
| Florida document number L17000218506 | · | |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company | here: |
| | <u> </u> | |
| The new name must be distinguishable and contain the | words "Limited Liability Company." il | ne designation "ETC" or the abbreviation "ETC" |
| | | and the most extended to the second |
| Enter new principal offices address, if appli | | |
| (Principal office address MUST BE A STREE | <u>ET ADDRESS)</u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | ROX) | |
| 2377.007.07.1707. | <u></u> | |
| | - | |
| R If amending the registered agent and | Van magistared office address | |
| registered agent and/or the new registered o | ffice address here: | on our records, enter the name of the new |
| | | |
| Name of New Registered Agent: | Sau Lam | |
| New Registered Office Address: | 5850 PHILIPS HWY | |
| | Enter l | Florida street address |
| | JACKSONVILLE | Florida 32216 |
| | City | Zip Code |
| Now Designand Amonth Cingaton 18 | | -y |

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 Changing Registered Agent, Signature of New

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 |
|--------------|-------------|--|----------------|
| MGR | JIAN WEN MA | 5850 PHILIPS HWY JACKSONVILLE. FL 32216 | _ |
| | | | □ Add |
| | | | ■ Remove |
| | | | Change |
| MGR | SAU LAM | 5850 PHILIPS HWY JACKSONVILLE, FL 32216 | ■ Add |
| | | | Remove |
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| ne rec The | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed. | ro |
| Dated . | arch 28 4/1/ 2019 | |
| | Jan A - A | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00