118000055773

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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T. MATTHEWS FEB 2 1 2022

COVER LETTER

	Registration Sec Division of Corp			,
	Golden V	Vellness Clinic LLC		
SUBJEC	CT:	Name of Limi	ited Liability Company	
The enck	osed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Zilan Hu		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Golden Wellness Clin	níc	
			Firm/Company	 _
		10967 Lake Underhill Rd,	Suit 135	
			Address	
		Orlando, Fl, 32825		
		goldenwellnessclinic	City/State and Zip Code @gmail.com	····
		E-mail address: (t	o be used for future annual report notifi	cation)
For furth	er information co	ncerning this matter, please ca	ill:	
Zilan Hu	1		407 708-3188	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	e 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)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Wellness Clinic LLC

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(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	March 02, 2018	and assigned
Florida document number L18000055773			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," th	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Duff II all the second			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on ou	r records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:			181
New Registered Office Address:			
	Enter l	lorida street address	
<u></u>		, Florida _	
	City		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 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
			□Renюve
			□Change
			□Add
			Петюve
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Петюче
			☐ Change
			□Add
			□ Remove
			□ Change

New Partnership owndersl	hip percentages: Zilan Flu is 20%; Xili Song is	80%. Thank you!
· · · · · · · · · · · · · · · · · · ·		
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ffective date, if other than t	he date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (
an effective date is listed, the date r lote: If the date inserted in this	must be specific and cannot be prior to date of filing of block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605.0207 (Tling requirements, this date will not be listed as t
	Department of State's records.	
record specifies a delayed effect is filed.	tive date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
Feb 01	2022	
ated	;	
4.1	Signature of a member or authorized representa	
-//	1h -	

Typed or printed name of signee