118000186886

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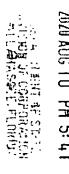
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COVER LETTER

TO: Registration Section

Division of Co	rporations		
Starry Spa	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Irene Cai		
		Name of Person	
	Yongmei Cai& Associates	CPA PA	
		Firm/Company	
	601 N Cognress Ave, suite	: 412	
		Address	
	Delray Beach FL 33445		
		City/State and Zip Code	
	youngmeicpa@gmail.com		
	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please of	all:	
Irene Cai		561 699-7886 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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 Addres Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starry Spa LLC		Lour records.)
(Name of the Lim	ted Liability Company as it now appears on (A Florida Limited Liability Company)	(Our records.)
The Articles of Organization for this Limited I	iability Company were filed on 8/3/20	18 Gand assigned
Florida document number L18000186886	·	
This amendment is submitted to amend the following	lowing:	50 e
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our reco ss here:	rds, enter the name of the new registered
Name of New Registered Agent:	Shujie Zheng	
New Registered Office Address:		
	Enter Florida s	street address
		, Florida
	City	Zin 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.

Majue Zhen J Henanging 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
MGR	Shujie Zheng	706 W Boynton Beach Blvd 111,	
		Boynton beach FL 33426	□Remove
			Change
			Change Add Remove Change Add Remove Add Remove Add Remove
			□Remove
			Change
			□Add
		Remove	
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ective date, if other than	he date of filir	ng:			(optional)	
ective date, if other than a effective date is listed, the date te: If the date inserted in this	must be specific and block does not	ed cannot be prio	r to date of filing	or more than 90	days after filin	g.) Pursuant to 605	.020
ument's effective date on the	Department of	State's records		ming requiren	ens, ms cae	e will not be list	cu a
cord specifies a delayed effe	tive date, but no	ot an effective t	ime, at 12:01 a	.m. on the earl	ier of: (b) T	he 90th day after	r the
s filed.							
August 4		2020					
ed	 _	.,	·				
·							
CV Charle	, ¬/	Δ					
(X) Shu Iu	Signature of a	filember or auth	orized represent	tive of a member			

Filing Fee: \$25.00