

LIB000246883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

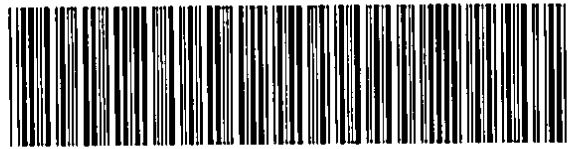
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Special Instructions to Filing Officer:

RA acceptance

Signature

Office Use Only



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18 DEC 10 PM 4: 08

CLERK OF STATE
RECORDS & OPERATIONS

DEC 10 2018

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: PETER SHAW ACUPUNCTURE AND TCM LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHI-MIN SHAW

Name of Person
PETER SHAW ACUPUNCTURE AND TCM LLC

Firm/Company
1301 W EAU GALLIE BLVD., SUITE 105

Address
MELBOURNE FL 32935 US

City/State and Zip Code
SHIMINSHAW@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHI-MIN SHAW at (321) 419-4107
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
DIVISION OF CORPORATIONS
DEC 10 PM 1:00

**WELLS
FARGO****Fax Cover Sheet**

PAGES SENT (Includes this cover sheet)

5

DATE

12.10.2018

TO

Diane Pushing

TELEPHONE

FAX

1-850-245-6897

FROM

Shi-Min Shaw

TELEPHONE (Required)

FAX

321-253-6970

SUBJECT

Peter Shaw Gouponscore and T@19 LLC

MESSAGE

Doc # L18000246883

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error or wish to discontinue receiving faxes, please notify us immediately by telephone at the number listed above. Thank you.

Articles of Amendment to Articles
of Organization



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2018

SHI-MIN
PETER SHAW ACUPUNCTURE AND TCM LLC
1301 E EAU GALLIE BLVD., SUITE 105
MELBOURNE, FL 32935

SUBJECT: DR. PETER SHAW ACUPUNCTURE AND TCM LLC
Ref. Number: L18000246883

We have received your document for DR. PETER SHAW ACUPUNCTURE AND TCM LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 518A00024844

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR. PETER SHAW ACUPUNCTURE AND TCM 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 OCTOBER 22, 2018 and assigned
Florida document number L18000246883.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PETER SHAW ACUPUNCTURE AND TCM LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1301 W EAU GALLIE BLVD. SUITE 105
MELBOURNE FL 32935 USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1301 W EAU GALLIE BLVD.
SUITE 105
MELBOURNE FL 32935 USA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SHI MIN SHAW

New Registered Office Address:

2220 MERION DRIVE #105

Enter Florida street address

MELBOURNE

Florida 32935

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.

Shi - Min Shaw

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SHI MIN SHAW	2220 MERION DRIVE #105	<input type="checkbox"/> Add
		MELBOURNE FL 32935 USA	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

IN THE ARTICLE III. CHANGE TO:

PRACTICING TRADITIONAL CHINESE MEDICINE

E. Effective date, if other than the date of filing: _____ (optional)

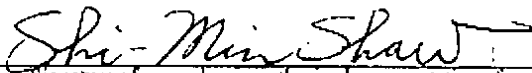
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 08, 2018



Signature of a member or authorized representative of a member

SHI MIN SHAW

Typed or printed name of signer