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(R	Requestor's Name)	
(A	ddress)	· -
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(0	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			.
Far East S ₁ SUBJECT:			
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-		
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 Congress Ave, suite	412	
	Delray Beach FL 33445	Address	
	youngmeicpa@gmail.com	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report	notification)
For further information	concerning this matter, please ca	all:	
Irene Cai		561 699-7886 at ()	
Name	of Person	Area Code Day	stime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$35.00 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

Far East Spa 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 5/28/2019 ____ and assigned Florida document number L19000141128 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Liping Yang Name of New Registered Agent: 1847 South State Rd 7 New Registered Office Address: Enter Florida street address

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.

City

Davie

(X) Li ring Jang

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jiayuan Zhu	5900 SW 24th Place Davie FL 33314	□ Add
			■ Remove
		1017 C - 1 C - 1 17 D - 1 17	☐ Change
MGR Liping Yang	Liping Yang	1847 South State Rd 7 Davie FL 33317	■ Add
			□ Remove
		-	Change
			□ Remove
			☐ Change
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Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific and cannot be block does not meet the	e prior to date of filing applicable statutory	or more than 90 days after filing requirements, this da	ng.) Pursuant to 605,0207 (3)
the record specifies a delay) The 90th day after the r		ut not an effecti	ve time, at 12:01 a.m	n. on the earlier of:
October 2 Dated	2019			
				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00