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# COVER LETTER

SUBJECT:    __JING XIN SPA 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:

<div align="center">

AMANDA YAO
_____
Name of Person

JING XIN SPA LLC
_____
Firm/Company

3185 FEDERAL HWY,
_____
Address

DELRAY BEACH, FL 33483
_____
City/State and Zip Code

yuhuatang71@gmail.com
_____
E-mail address: (to be used for future annual report notification)

</div>

For further information concerning this matter, please call:

__AMANDA YAO__          at ( __646__ ) , __510  5281__
Name of Person                      Area Code     Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee      ☐ $30.00 Filing Fee &      ☐ $55.00 Filing Fee &      ☐ $60.00 Filing Fee,
                         Certificate of Status        Certified Copy          Certificate of Status &
                                         (additional copy is enclosed)    Certified Copy
                                                            (additional copy is enclosed)

__Mailing Address:__                             __Street Address:__
Registration Section                         Registration Section
Division of Corporations                 Division of Corporations
P.O. Box 6327                              The Centre of Tallahassee
Tallahassee, FL 32314                2415 N. Monroe Street, Suite 810
                                           Tallahassee, FL 32303

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

JING XIN 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 __02/09/2024__ and assigned

Florida document number __L24000073926__ .

This amendment is submitted to amend the following:

**A. If amending name, <u>enter the new name of the limited liability company here</u>:**

JING XIN SPA 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)*

3185 FEDERAL HWY

DELRAY BEACH, FL 33483

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

3185 FEDERAL HWY

DELRAY BEACH, FL 33483

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

<u>Name of New Registered Agent</u>:      AMANDA YAO

<u>New Registered Office Address</u>:      3185 FEDERAL HWY

*Enter Florida street address*

DELRAY BEACH , **Florida**  33483

*City*                     *Zip Code*

**<u>New Registered Agent's Signature, if changing Registered Agent</u>:**

*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, <u>Signature of New Registered Agent</u>

**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> | <u>Type of Action</u> |
|---|---|---|---|
| AMBR | XIUFEN DING | | ☐Add |
| | | 3185 FEDERAL HWY, DELRAY BEACH, FL 33483 | ☒Remove |
| | | | ☐Change |
| AMBR | AMANDA YAO | 3185 FEDERAL HWY, DELRAY BEACH, FL 33483 | ☒Add |
| | | | ☐Remove |
| | | | ☐Change |
| | | | ☐Add |
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| | | | ☐Change |

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

_____

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**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 _____09/10_____ : ____2024_____

_____
Signature of a member of authorized representative of a member

AMANDA YAO
_____
Typed or printed name of signee