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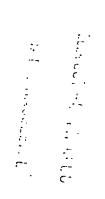
(Re	equestor's Name)			
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COVER LETTER

Registration Section

TO:

Division of Co	rporations						
Reiki & M	ussage Spa L.L.C.						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Ya Li						
		Name of Person					
	Reiki & Massage Spa L.L.	C.					
	Firm Company						
	4137 W. Vine Street Suite						
		Address					
	Kissimmee, Florida, 3474						
		City/State and Zip Code					
	emilygao-mina@hotmail.co	om to be used for future annual report not	ification)				
For further information of	concerning this matter, please c	· · ·					
YuanYuan Gao							
Name of Person		at t)	ne Telephone Number				
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Se	ection				
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

Reiki & Massage Spa L.L.C.		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi	iled on <u>08/20/24</u>	_ and assigned
Florida document number 1.24000366260		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	···	
Principal office address MUST BE A STREET ADDRESS)		
	••	
	**	i
Enter new mailing address, if applicable:		.i
Mailing address MAY BE A POST OFFICE BOX)	۲۰ ۲۰	:
		.,
	:	~
B. If amending the registered agent and/or registered office address igent and/or the new registered office address here:	s on our records, <u>enter the name o</u>	of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l'Iorida street address	
	, Florida	
	r , Florida	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
MGR	Ya Li	3332 Cordgrass PL	= Add
		Harmony, FL 34773	□Remove
			☐ Change
MGR Xingquan Wang	Xingquan Wang	5578 Deep Creek DR	□Add
		Orlando, F1, 32821	■Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			☐Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) 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. October 01
Dated ____ 2024 Signature of a member or authorized representative of a member Ya Li

Typed or printed name of signee