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"ALLAH ASSEE, FLORIDA"

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DOCUMENT NUM	1BER:	· · · · · · · · · · · · · · · · · · ·		e engle
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		•
	Yongmei Cai			
		Name of Contact Pe	erson	_
	Youngmei Corp		,	
		Firm/ Company	7	
	601 N Congress Ave, Suite 4	12		
		Address		_
	Delray Beach, FL, 33445			
		City/ State and Zip	Code	_
you	ngmeicpa@gmail.com			
	E-mail address: (to be us	sed for future annual re	port notification)	·
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For further informati	on concerning this matter, pleas	se call:		$i_{t}^{\mu \eta} h$ t_{s}
Irene Cai		at (699-7886	
Name	e of Contact Person	Area	Code & Daytime Telephone Num	ber
Enclosed is a check	for the following amount made	payable to the Florida I	Department of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	
Ar Di P.0	nendment Section vision of Corporations D. Box 6327 ilahassee, FL 32314	An Div Cli 260	reet Address nendment Section vision of Corporations fton Building 61 Executive Center Circle Ilahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Momo Spa Health & Therapy Inc	
(Name of Corporation as currently filed with the Florida Dep	pt. of State)
P11000027428	
(Document Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> a its Articles of Incorporation:	adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpor word "chartered," "professional association," or the abbreviation "P.A."	porated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZOIS NOV
- 	See B III
·	and the second second
D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address:	ime of the CORIDA
Name of New Registered Agent Yulan Huang	
(Florida street address)	
New Registered Office Address: (City)	_, Florida - (Zip Code)
	• •
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ons of the position
	ns of the position.
Signature of New Registered Agent, if changing	
Signature of New Registered Agent, if changing	·

If amending the Officers and/or Directors, enter the title and n	ame of each officer/director being removed and title, name, and
address of each Officer and/or Director being added:	•

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	,	<i>y</i>	·	:/1
X Change	<u>PT</u>	John Doe	•	•
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	•	
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	PSTD	Chongai Zhang	2751 West Atlante.	Blub
Add			2751 West Allante. #202, Pompano Beec FL, 33063	di
Remove			·	
2) Change	PSTD	Yulan Huang	2751 West Atlantic #202, Pompano Beaco	Blub
V Add				G
Remove			FL, 33069	
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change		·		
Add		·		
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5) Change				
Add				
Remove				
6) Change				
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	iding or add additional sh	eets, if ne	cessary).	(Be speci	fic)								
													
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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
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.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 10/31/2016
Dated 10/31/2016 Signature (x) Yulan Muan
(By a director, president or other officer—if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PSTD
(Title of person signing)