P15000086096

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Smiling Spa Inc		
DOCUMENT NUM	BER: P15000086096		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Yongmei Cai		
		Name of Contact Person	n
	Youngmei Corp		ı
	•	Firm/ Company	
	6724 Columbia Ave		
,		Address	
	Lake Worth FL 33467		
	*	City/ State and Zip Cod	e
your	gmeicpa@gmail.com		
youn		sed for future annual report	notification)
	E-man address. (to be us	, seu for fature annual report	· ,
For further information	on concerning this matter, pleas	se call:	
Irene Cai		at (⁵⁶¹	283-1258
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tal	lahassee, FL 32314		Executive Center Circle
		Tallah	assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Smiling Spa Inc	· • •
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P15000086096	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	ed office address in Florida, enter the name of the
	(Fluid and Admin)
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	
Signa	nture of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name 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.

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)	Title	Name	<u>Addres</u> s
1) Change	P	Yunfei Zhai Jordan	9070 Carrington Ave
Add			Parkland FL 33076
x Remove			
2) Change	P	Mikulas Cutz	9070 Carrington Ave
x Add			Parkland FL 33076
Remove			
3) Change			
Add		:	· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			te debute - telukum - en afrik Berra adabida a 1000
Add			
Remove			•

	icles, enter change(s) here: (Be specific)
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	•
•	
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an amendment provides for an exch. Tovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
an amendment provides for an exch. rovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
ovisions for implementing the amer	ndment if not contained in the amendment itself:
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ovisions for implementing the amer	ndment if not contained in the amendment itself:

The date of each amendment(s) adop	ption:	, if other than th
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 blod document's effective date on the Depa	ock does not meet the applicable statutory filing requirements, this date will nurtiment of State's records.	ot be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated/	10/22/2015 C-2	_
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	·
_	(Title of person signing)	