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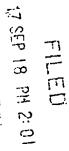


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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Smiling Spa Inc		
	BER: P15000086096		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Yongmei Cai		
		Name of Contact Perso	n
	Youngmei Corp		
	***	Firm/ Company	
	601 N Congress Ave. Suite 4	112	
		Address	
	Delray Beach FL 33445		
		City/ State and Zip Cod	e -
youn	gmeicpa(a)gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Irene Cai		561	699-7886
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	utment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Smiling Spa Inc			-	
Same o	f Corporation as current	ly filed with the Florida Dept. of Stat	<u>c</u> )	-
P15000086096				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of (a) ton 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendme	ent(s) to
A. If amending name, enter the new na	me of the corporation:			
			The nev	A'
name must be distinguishable o'id com "Corp.," "Inc.," or Co.," or a design word "chartered," "profession issocia	ation "Corp," "Inc," or	"Co". A professional corporation nan	or the abbreviation we must contain the	n c
B. Enter new principal office at dross,	if applicable:			
(Principal office address MUST BE 4 S	IKEEI ADDKESS I		7	
				Π,
			7.55 00	=
C. Enter new mailing addies if appli			위: 기교 <b>12</b>	Ш
(Mailing address MAY Bf: : POST)	OFFICE BOX)			Ö.
D. If amending the registered   2ent ar	dlan magistaged office ade	trace in Florida, enter the name of the		
new registered agent and or the ne	w registered office addres	S:	•	
Nama of Nine Ponicing Advert	Hongying Zhang			
Name of New Registers: Agent	5621 Kimberton Way			
		treet address)		
	Lake Worth	111	33463	
New Registered Office A ldryss:	<del></del>	(City)	(Zip Code)	
		•		
New Registered Agent's Signmare, if o	hanging Registered Agen	<u>it:</u>		
I hereby accept the appointn cates regis	tered agent. – I am familiar	with and accept the obligations of the	position.	
/ · .		$\sim$ /		
$(\mathbf{x})$	/ K	$\mathcal{V}$		
1 / 1	Signature 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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>\\'</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Mikulas Cutz	9070 Carrington Ave.Parkland
Add x Remove			FL 33076
2) Change	P	Hongying Zhang	9844 A Sandalfoot Blvd
X Add			Boca Raton FL 33428
Remove			
3) Change			
Add			
Remove			
4) Change	***********		
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares,		s, it we essary). Be specific	c,l		
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(if not applicable, in rive N/A)	provisions for imple	men my the amendment if p	ot contained in the amend	ment itself:	
	(if not applicable	$v$ in $v \mapsto te(N/A)$			
	(1) 10.17 10/2/ 11.2.2.				
					_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
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 document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Sept 14, 2017 Dated	
Signature (X) MIKE CUTZ	
(By a director, president or other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	court
Mikulas Cutz	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>