P16000057683

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COVER LETTER

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TO: Amendment Sec Division of Cor			
NAME (NE CYMD)	Chi Foot Spa 2 Inc		
NAME OF CORPO	P16000057683		
DOCUMENT NUM		hadred for filler	
	s of Amendment and fee are su	-	
raease return aff corr	espondence concerning this ma	uer to the following:	
	Lijuan Han		
	Chi Foot Spa 2 Inc.	Name of Contact Person	1
		Firm/ Company	
	5720 Sheridan Street		
	Hollywood, Horida 33021	Address	
		City/ State and Zip Cod	e
chif	ootspa2@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Linru Guo		504 ut (701-2445
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	for the following amount made [payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of States	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address Iment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Chi Foot Spa 2 Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P16000057683 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY_BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{sv}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
X Change	VP	Lijuan Han	5720 Sheridan Street
Add			Hollywood, Florida 33021
Remove			
2) Change	p	Linru Guo	931 NW 122nd Terr
X Add			Pembroke Pines, Florida 33026
Remove			· · · · · · · · · · · · · · · · · · ·
3.) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damara			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
т	
	·
	t de de
r an amendment provides for an exch provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption date this document was signed.	ion:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depa.	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	by the shareholders. The number of votes east for the amendment(s) ent for approval,
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(x):
	the amendment(s) was/were sufficient for approval
hy	(voting group)
	(voting group)
☐ The amendment(s) was/were adopte action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopte action was not required.	by the incorporators without shareholder action and shareholder
09/10/2018	
Dated	
Signature <u>\$</u>	少 岛
selected, l	tor, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that tiduciary)
l.i	uan Han
_	(Typed or printed name of person signing)
Pr	sident
	(Title of person signing)