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SECRETARY OF STATE
LALLAIMSSEEL FLORID

OCT 03 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: EDEN FARDEN MASSAGE SPA, INC DOCUMENT NUMBER: P 1700073709 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to
Articles of Incorporation
of

EDEN GARDEN MASS	AGE	SPA,	INC	•	
(Name of Corporation as curren			pt. of State)	·	
P 170000	·	9			
(Document Number	of Corporatio	n (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is <i>Florida Pro</i>	fit Corporation	adopts the fol	llowing amend	ment(s) to
A. If amending name, enter the new name of the corporation:					
	<u> </u>			The n	
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable:	"Co". A pro				
(Principal office address MUST BE A STREET ADDRESS)	1				
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 adnew registered agent and/or the new registered office address Name of New Registered Agent		ida, enter the n	ame of the	SECRETARY OF STATE IALLAHASSEE, PLORIDA	FILED
	•				
(Florida	street address)			-	
			. Florida		
New Registered Office Address:	(City)		, Florida	(Zip Code)	-
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and acc	cept the obligati	ons of the pos	ition.	
Signature of Nev	u Pagistanad 4	gant if changin	<u> </u>		
signature of Nev	w Registered A	gem, y changin	5		

Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove,	if necessary) vector title by the fiveresident; T= Treat content = Chief Financial content = Chi	rst letter of the office title: surer: S= Secretary; D= Director; Officer. If an officer/director holds se PTD. anner. Currently John Doe is listed n, Sally Smith is named the V and S.	TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,	
Example: X Change	PT John Do	<u>e</u>		
X Remove	V Mike Jo	nes		
X Add	SV Sally Sn	nith		
Type of Action (Check One)	<u>Tide</u>	Name	<u>Addres</u> s	
1) Change Add Remove	<u>v</u> P	XIANHUA L	<u>V 251 NE 167 ST.</u> <u>N. MIA-MI BEACH,</u> F 33162	-L
2) Change Add Remove	VP	WEI 41	251 NE 147 ST. N. MIAMI BEACH, F 33162	- L
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

If amending or adding additional Articles, enter change(s)	here.
(Attach additional sheets, if necessary). (Be specific)	
<u> </u>	
	
	1
X	
/-	
If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	on, or cancellation of issued shares, ined in the amendment itself:
(if not applicable, indicate N/A)	
DO SHARES OF STOCK HAV.	S BEEN ISSUED & ALLOCATED
AC FOLLOWS: 50 CHARSE	ISSUSD TO XIANHUA LU. V.
TO TO TO THE STATE OF THE STATE	250000000000000000000000000000000000000
MAKING HER SU TO MUNER	2 OF CORPORATION. L) SAME
ISSUED TO WELL, VIMAK	ING HIM 25 10 OWNER OF
CARDORATION 25 CHA	OSIC ISSUED TO DONAME! YAD
2019-1011	1SSVED TO XIANHUA LU, V. 2 OF CORPORATION. ZS SHAR ING HIM 25 TO DONER OF RES ISSUED TO DONEME! YAO, TO OWNER OF CORPORATION.
(CE) 105NT MAKING HER L)	10 OWNER OF CORPORATION.

The date of each amendment(s) adoption:	SEPTEMB.	er 4, 2017	, if other than the
date this document was signed.	, , , , , , , , , , , , , , , , , , ,	6-2017	
Effective date <u>if applicable</u> :	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department		statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for		ber of votes cast for the amendme	nt(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti			rment:
"The number of votes cast for the an	nendment(s) was/were suf	ficient for approval	
by	voting group)		
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors with	out shareholder action and shareho	older
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without s	hareholder action and shareholder	
Dated Sept	. 26, 201 ernei Va	7	
Signature	emei Ma		
(By a director, p selected, by an i	resident or other officer -	if directors or officers have not be ds of a receiver, trustee, or other c	
	DONGMEI	YAO	
	(Typed or printed name	of person signing)	
	(Title of pe	rson signing)	