## P21000042105

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MURABELLA CE	ROSSING SPA INC	
DOCUMENT NUM	HBER: P21000042105		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	CHINH NGUYEN		
	<del></del>	Name of Contact Person	1
	SAIGON SERVICES		
		Firm/ Company	<del></del>
	5816 NORMANDY BLVD		
		Address	
	JACKSONVILLE, FL 32205	5	
		City/ State and Zip Code	2
	CHINH_CN@YAHOO.COM	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
CHINH NGUYEN		at ( <u>904</u>	378-8780
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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, Fl. 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MURABELLA	CROSSING	SPA INC
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WORABELLA CROSSING SEA INC			
(Name of Corporation as cur	rrently filed with the Florida	i Dept. of State)	
P21000042105			
(Document Num	nber of Corporation (if known	)	
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporat	tion adopts the following amend	ment(s) to
A. If amending name, enter the new name of the corporation	<u>ın:</u>		
		The_n	-
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	o". A professional corporat		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<del>-</del>
(Trincipal office address <u>most in A STREET AIRBRESS</u> )			_
		707	_
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			_ 1.5551 C555
		·	₽ <del>~</del> ,~;-
		PH	
		ယ့	
D. If amending the registered agent and/or registered office		he name of the	
new registered agent and/or the new registered office ad	Juress.		
Name of New Registered Agent	<del>.</del>		
(Flor	rida street address)		
New Registered Office Address;		, Florida	
New Action Control State Control Contr	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent.—I am fam	iliar with and accept the oblig	gations of the position.	
Nignature of N	New Registered Agent, if chang	ging	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120	HIII) (e) FS		
- 1 m minerally is the same hundred to at the William	1 / 1 - / / - / / /		

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 Doc	
X Renove	$\underline{V}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	CHYTENG CHIN	5904 THEED ST
Add			JACKSONVILLE, FL 32211
X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>ac</i>	<mark>ing or adding additional</mark> Iditional sheets, if necessar	y). (Be specific	·)			
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<u>ran ame</u> nrovisio	ndment provides for an one of the implementing the	exchange, rectass	<u>sification, or ca</u> it contained in 1	ncellation of issi the amendment	<u>ied shares.</u> itself:	
	ot applicable, indicate N/A					
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						_
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The date of each amendment(s) date this document was signed.	adoption:	, 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 document's effective date on the E	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the and sufficient for approval.	endment(s)
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	g statement I(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/28/202 Dated	newy	
select	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	LAY KIMTIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	