

OCT 9 1 2016

FILE NO. L20321506

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF AMENDMENT

Read the Instructions L015i

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

HERBAL REJUVENATION LLC

2. **A.C.C. FILE NUMBER:** L20321506

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.

3. ☒ **ENTITY NAME CHANGE** – type or print the exact NEW name of the LLC in the space below:

MAGIC FEET REJUVENATION LLC

4. ☒ **MEMBERS CHANGE (CHANGE IN MEMBERS)** – *see Instructions L015i* – Use one block per person – FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS – list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS – **in a separate block**, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form L044.

THAI HOA DAM LY				QUYEN DINH			
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name				NEW Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State or Province	Zip		City	State or Province	Zip	
Country				Country			
<input type="checkbox"/> Address change		<input type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change		<input type="checkbox"/> Add as 20% or more member	
<input type="checkbox"/> Name change		<input type="checkbox"/> Add as less than 20% member		<input type="checkbox"/> Name change		<input type="checkbox"/> Add as less than 20% member	
		<input checked="" type="checkbox"/> Remove member				<input checked="" type="checkbox"/> Remove member	

Name currently shown in ACC records				Name currently shown in ACC records			
HAI QING FAN				NEW Name			
Address 1				Address 1			
26710 N 64TH LN				Address 2 (optional)			
Address 2 (optional)				Address 2 (optional)			
City	State or Province	Zip		City	State or Province	Zip	
PHOENIX AZ 85383				Country			
<input type="checkbox"/> Address change		<input checked="" type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change		<input type="checkbox"/> Add as 20% or more member	
<input type="checkbox"/> Name change		<input type="checkbox"/> Add as less than 20% member		<input type="checkbox"/> Name change		<input type="checkbox"/> Add as less than 20% member	
		<input type="checkbox"/> Remove member				<input type="checkbox"/> Remove member	

5. ☒ **MANAGERS CHANGE (CHANGE IN MANAGERS)** – Use one block per person – FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS – list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. FOR NEW MANAGERS – in a separate block, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Managers form L043.

Name currently shown in ACC records HAI QING FAN			Name currently shown in ACC records QUYEN DINH		
NEW Name 26710 N 64TH LN			NEW Name		
Address 1			Address 1		
Address 2 (optional) PHOENIX		State or Province AZ	Address 2 (optional)		State or Province
City UNITED STATES		Zip 85383	City		State or Province
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change			<input type="checkbox"/> Address change <input type="checkbox"/> Name change		
<input checked="" type="checkbox"/> Add as manager <input type="checkbox"/> Remove manager			<input type="checkbox"/> Add as manager <input checked="" type="checkbox"/> Remove manager		

6. ☐ **MANAGEMENT STRUCTURE CHANGE** – *see Instructions L015i* – check only one box below and follow instructions:
- ☐ CHANGING TO *MANAGER-MANAGED* LLC – complete and attach the *Manager Structure Attachment* form L040. *The filing will be rejected if it is submitted without the attachment.*
 - ☐ CHANGING TO *MEMBER-MANAGED* LLC – complete and attach the *Member Structure Attachment* form L041. *The filing will be rejected if it is submitted without the attachment.*

7. ☒ **STATUTORY AGENT CHANGE – NEW AGENT APPOINTED** – *see Instructions L015i*:

7.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			7.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
HAI QING FAN Statutory Agent Name (required)					
26710 N 64TH LN Attention (optional)					
Address 1			Address 1		
Address 2 (optional) PHOENIX		State AZ	Address 2 (optional)		State
City		Zip 85383	City		Zip
7.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.					

8. ☐ **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT** – complete 8.1 and/or 8.2:

8.1 NEW physical or street address (not a P. O. Box) in Arizona of the existing statutory agent:			8.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)		State	Address 2 (optional)		State
City		Zip	City		Zip

9. ☐ **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:**

9.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

- ☐ Yes - go to number 10 and continue
☐ No - go to number 9.2 and continue

9.2 If you answered "No" to number 9.1, give the **NEW physical or street address** (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

10. ☐ **DURATION CHANGE** - check one to indicate the **NEW** duration or life period of the LLC:

- ☐ Perpetual
☐ The LLC's life period will end on this **date**: _____ (enter a date - mm/dd/yy)
☐ The LLC's life period will end upon the occurrence of this **event**: _____ (describe an event)

11. ☐ **ENTITY TYPE CHANGE** - if changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC - number 12 must also be completed.
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

12. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the **NEW** type of professional services the professional LLC will render:

13. ☐ **OTHER AMENDMENT** - if an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

QUYEN DINH

10/26/2016

Signature

Printed Name

Date (mm/dd/yy)

REQUIRED - check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> This is a manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named: _____	<input type="checkbox"/> This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named: _____
--	--

Filing Fee: \$25.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
---	---

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

RECEIVED

OCT 8 1 2016

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

** ORDER COPIES USING A RECORDS REQUEST FORM **

WHAT ARE YOU FILING?

☐ New Entity ☒ Change to existing entity ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

HERBAL REJUVENATION LLC

EXPEDITED PROCESSING?

☒ YES - add \$35 to the filing fee ☐ NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

PAYMENT:

☐ MOD Account #: Amount to deduct:

Cash - do not mail cash. Cash may be used only for in-person submittals.

Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input checked="" type="checkbox"/> Email	Email address: QUIN711@GMAIL.COM		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: DATE:

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf

1000

SPECIAL HANDLING

☒ CORP FILINGS

☐ ANNUAL REPORT

☐ UNACCEPTABLE CHECK

☐ COVERSHEET REQUEST AND CHECK DOESN'T BALANCE

☐ DUPLICATE PAYMENT

☒ INCORRECT PAYMENT

☐ UNABLE TO LOCATE ENTITY IN STARPAS

☐ NO DOCUMENT/COVERSHEET SUBMITTED W/CHECK

☐ A/R ALTERED - FILE#, NAME, YEAR.....

☐ STILL PENDING

☐ ENTITY DISSOLVED

☐ N/R TRANSFER/CANCELLATION

☐ A/R EXTENTION / WRONG A/R FORM

☐ OTHER: _____

DOC #: 056051612 FILE #: 120321506 INITIAL: JB

DATE: 10/31/14 CHECK #: 147

AMOUNT: 35⁰⁰

