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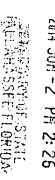
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COVER LETTER

TO: Registration Division of C	
SUBJECT: Kir	g Paradise LLC
SUBJECT:	Name of Limited Liability Company
•	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Ming Xing Wang
	Name of Person
	Name of Person
	King Paradise LLC
	Firm/Company
	PO Box 661411
	Address
	Arcadia, CA 91066-1411
	City/State and Zip Code
	kingparadisellc@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	a concerning this matter, please call:
Mir	g Xing Wang at (626) 2360056
	c of Person Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:
□ \$25.00 Filing Pee	 \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

King Paradise LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L14000004890</u> .	pany were filed on 01/09/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(<u>Principal office address MUST BE A STREET ADDRES</u>	<u>(S)</u>		
Enter new mailing address, if applicable:			To a
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 661411		Ę
	Arcadia, CA 91066-1411	SOUTH A	131. 131.
		THE PARTY	e i
B. If amending the registered agent and/or registered	ed office address on our records, enter	the name of the ne	Y
registered agent and/or the new registered office address	s here:		•
		केंग क	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	7 in Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

t

MGR = Manager AMBR = Authorized Member <u>Title</u> **Name** Address **Type of Action** Ming Xing Wang 763 Arcadia Ave, #10 **AMBR** □ Add · Arcadia, CA 91007 Remove 763 Arcadia Ave, #10 Ming Xing Wang Trustee **AMBR** ■ Add of the TCRJ Family Trust Arcadia, CA 91007 dated May 21, 2014 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

. If amer	nding any other informatio	n, enter change(s) here: (Attach add	ditional sheets, if necessary.)
and disperse			
_			
_			
(The effect	e date, if other than the da tive date must be specific, cannot be his document is filed by the Florid	te of filing: pe prior to date of receipt or filed date and can a Department of State)	(optional) not be more than 90 days after
Dated _	May 29th	2014	
	Sig	nature of a member or authorized representa	tive of a member
		Ming Xing Wang	
		Typed or printed name of signer	2

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Filing Fee: \$25.00

