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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT:	La Creme Supe Name of Limited Liability C	rieure, LL ompany	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are submitted for filing	ıg.			
Please return all correspo	ndence concerning this matter to the followi	ng:			
	Mark Chon	f Person			
	La Creme Superio				
	724 La Homa	a Prive	<u>.</u>		
	Naga, CA City/State ar	94558 nd Zip Code	SECT TAR	2021 F	
	E-mail address: (to be used for fi	ature annual report notification	ion)	IAR 2	E17500
For further information of	oncerning this matter, please call:		RY OF	S	M
Mark C	City/State ar Mark Chon & yahe 1:-mail address: (to be used for fi concerning this matter, please call: hon at (2) Are	67 a Code Daytime Tel	- 75 25 Toplephone Number	4 2: 53	O
Enclosed is a check for t	ne following amount:				
\$25.00 Filing Fee	Certificate of Status Certifi	Filing Fee & ed Copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee



February 11, 2021

MARK CHON 724 LA HOMA DRIVE NAPA, CA 94558

SUBJECT: LA CREME SUPERIEURE, LLC

Ref. Number: L20000212677

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Presently it is unclear as to what your intentions are in filing this document as we have no record of the trust and you can not include a Declaration of Trust in an amendment.

If it's your intention to add a manager/member to the filing, please list the name/title and address in the spaces provided on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 321A00003133

Der 200

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SI SI

	Or	蒋 三 有
(Name of the Limited	Superieure, LLC Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia	, , , , , , , , , , , , , , , , , , , ,	121/2020 and assigned
Florida document number <u>L 20000</u>	2126.71	- H 3
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	"Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	ristered office address on our records, <u>s</u> here:	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	nddress
		_, Florida
	City	Zip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name Mark Chon as trustee	Address	Type of Action
AMBR	of the Mark 5 Chon	724 La Homa Dave	
	and Siri Karlsen Living trust	Napa, CA 94558	□Remove
			□Change
			🗆 Add
			Remove
			Change
			Dodd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effect	ive date, if other than the date of filing:(optional)
<u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ent's effective date on the Department of State's records.
e recoi rd is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	3/15/2021, Make Class of a member or authorized representative of a member
Jacqu	
	ghle Ch & Oh
	Signature of a member or authorized representative of a member
	Mark Chang Sun Chon Typed or printed name of signee

Filing Fee: \$25.00