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COVER LETTER

Division of Corporations
SUBJECT: CPHING OUT AND LIVING SUCESSEU) Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Selena Kach Name of Person
(12 Hing Out And Living Successful Firm/Company)
1817 Dunwoodie St. Address
Orlando FL 33839 City/State and Zip Code
Bardail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Slung Koon at Gol 631-2024 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creating Out A	nd Uning Suces Liability Company as it dow appears on our Florida Limited Liability Company)	Sful LLC
The Articles of Organization for this Limited Liab		13/2021 and assigned
This amendment is submitted to amend the follow:	ing:	
A. If amending name, enter the new name of the CHHING OUT AND LIVIT The new name must be distinguishable and contain the word	or Successful 11	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET	ADDRESS)	·
		<u> </u>

Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	<u></u>	<u> </u>
B. If amending the registered agent and/or regingent and/or the new registered office address because the new registered of the new registered of the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered agent and/or the new registered agent and agent and agent agent and agent		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
_		, 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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
	 		□Add
			Remove
			□Change
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ir ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe Note:	we date, if other than the date of filing:
e record rd is file	I 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 ed.
Dated _	
	Selen Kon
	Signature of a member or authorized representative of a member
	Selina Koon Typed or printed name of signee