

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| ,                                       |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
| (Boomess Emily Hume)                    |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Consideration to Filling Officer        |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE OF STATE

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## **COVER LETTER**

Registration Section

TO:

| Division of Cor             | porations                                                                            |                                                                                              |                                                                                                     |
|-----------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| A & A HO                    | LDING 1 LLC                                                                          | •                                                                                            |                                                                                                     |
| SUBJECT:                    | Name of Lim                                                                          | ited Liability Company                                                                       | <del></del>                                                                                         |
|                             |                                                                                      |                                                                                              |                                                                                                     |
| The enclosed Articles of    | Amendment and fee(s) are sub                                                         | mitted for filing.                                                                           |                                                                                                     |
| Please return all correspo  | ondence concerning this matter                                                       | to the following:                                                                            |                                                                                                     |
|                             | GLORIA GUO CPA                                                                       |                                                                                              |                                                                                                     |
|                             |                                                                                      | Name of Person                                                                               |                                                                                                     |
|                             | GLORIA GUO & ASSOC                                                                   | TATES CPA PA                                                                                 |                                                                                                     |
|                             |                                                                                      | Firm/Company                                                                                 |                                                                                                     |
|                             | 9200 BELVEDERE ROA                                                                   | D SUITE 103                                                                                  |                                                                                                     |
|                             | <u> </u>                                                                             | Address                                                                                      |                                                                                                     |
|                             | WEST PALM BEACH, F                                                                   | 1. 33411                                                                                     |                                                                                                     |
|                             |                                                                                      | City/State and Zip Code                                                                      |                                                                                                     |
|                             | GLORIAGUOCPA@GMA                                                                     |                                                                                              |                                                                                                     |
| For further information of  | E-mail address: (<br>concerning this matter, please co                               | to be used for future annual report no<br>all:                                               | me Telephone Number                                                                                 |
|                             |                                                                                      |                                                                                              | H9 2                                                                                                |
| GLORIA GUO                  | ND.                                                                                  | at ()                                                                                        | Tien was Marshar Company                                                                            |
| Name (                      | of Person                                                                            | Area Code Dayii                                                                              | me Telephone Number                                                                                 |
| Enclosed is a check for t   | he following amount:                                                                 |                                                                                              |                                                                                                     |
| \$25.00 Filing Fee          | □ \$30.00 Filing Fee & Certificate of Status                                         | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                    | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Regist<br>Divisio<br>P.O. B | JING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327<br>assee, F1, 32314 | STREET/COUI<br>Registration Sect<br>Division of Corp<br>Clifton Building<br>2661 Executive C | orations                                                                                            |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim                                                                      | ited Liability Company as it now ap<br>(A Florida Limited Liability Compa | pears on our records.)                                |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|
|                                                                                       | (A Florida Limited Liability Compa                                        | ay)                                                   |
| The Articles of Organization for this Limited I                                       | Liability Company were filed or                                           | and assigned                                          |
| Florida document number L17000065769                                                  | ·                                                                         |                                                       |
| This amendment is submitted to amend the fol                                          | lowing:                                                                   |                                                       |
| A. If amending name, enter the new name                                               | of the limited liability compan                                           | <u>v here</u> :                                       |
| The new name must be distinguishable and contain the                                  | words "Limited Liability Company."                                        | the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli                                         | cable:                                                                    | 78. 7                                                 |
| Principal office address MUST BE A STRE                                               | ET ADDRESS)                                                               |                                                       |
|                                                                                       |                                                                           |                                                       |
| Enter new mailing address, if applicable:                                             |                                                                           | MG P                                                  |
| (Mailing address MAY BE A POST OFFICE BOX)                                            |                                                                           | - <del>Ω</del> - <del>Ω</del> - <del>Ω</del>          |
|                                                                                       |                                                                           | Dri on                                                |
| B. If amending the registered agent and registered agent and/or the new registered of | .,                                                                        | s on our records, <u>enter the name of the</u>        |
| Name of New Registered Agent:                                                         | PAUL GRANT TREPTE                                                         |                                                       |
| New Registered Office Address:                                                        | 6750 N ORANGE BLOSSON                                                     | M TRAIL STE B5                                        |
|                                                                                       | Enter                                                                     | Florida street address                                |
|                                                                                       | ORLANDO                                                                   | , Florida 32810                                       |
|                                                                                       | 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> | <u>Name</u>       | <u>Address</u>                         | Type of Action       |
|--------------|-------------------|----------------------------------------|----------------------|
| MGR          | PAUL GRANT TREPTE | Address  6750 N ORANGE BLOSSOM TRAIL S | TEB5<br>BAdd         |
|              |                   | ORLANDO, FL 32810                      | Remove               |
|              |                   | <del></del>                            | Change               |
| <del></del>  |                   |                                        |                      |
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| Effect | tive date, if other than the date of filing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Note:  | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|        | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 2 90th day after the record is filed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Dated  | July 26. 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|        | X Li Juan Pan Signature of a hymber or authorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|        | LIJUAN PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|        | Typed or printed name of signee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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Filing Fee: \$25.00