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(Re	equestor's Name)	-	
(Ac	idress)		
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(Ĉi	ty/State/Zip/Phone	· #)	
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(Document Number)			
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COVER LETTER

TO:

TO: Registration Division of (n Section Corporations			
4917 Lo SUBJECT:	otta LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	4917 Loua LLC	Name of Person		
Firm/Company				
	2167 Crystal Bell St			
Address				
	Orlando, FL 32824			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For further information	on concerning this matter, please c	all:		
Danqing Li		407 765-2589		
Name of Person		Area Code Daytime Telephone Number		
		<u>.</u> -		
Enclosed is a check to	or the following amount:	ि । 		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee ☐ \$		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000185048</u>	were filed on 04/21/2021	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.I	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the nar</u>	ne of the new	registere
Name of New Registered Agent:		. :	
New Registered Office Address:		AT 2	**
	Enter Florida street address	⇒	
	Florida	≥ Zip Code	<u></u>
New Registered Agent's Signature, if changing Registered Agent:	Vii)	25	

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.

N/A		_
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5/21/2021	27	-
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Typed or printed name of signee

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>	Address	Type of Action
MGR	Jianrong Bu	2167 Crystal Bell St., Orlando, FL 32824	≅ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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