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TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations (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: For further information concerning this matter, please call: Name of Person) at (S61) 889-9694 (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 Certificate of Status & (additional copy is enclosed) Certified Copy

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

(additional copy is enclosed)

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Jing M. Stagna hanaging member of Elle THIE Source Cla	_, hereby resign as	Registered,	Agent	مل
hanaging herbe		(Title)	•	-
of Elhe THIP Source CLC	••			
(Limited Liability	ty Company)		. 12	***
a limited liability company organized under the law	vs of the State of	Florida	,	e: .5
and affirm that the limited liability company has be	en notified in writi	ng of the resignation.		-
(Signature of resigning manager, r			. ⁷ 22 -	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314