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COVER LETTER

TO: Registration Section
Division of Corporations

BJCSOBT	2123, LLC		e e
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Baojue Chen		
		Name of Person	
	BJCSOBT2123, LLC		
		Firm/Company	
	14314 LE CHALE DRIVE	3	
		Address	
	ORLANDO, FL32837		
		City/State and Zip Code	
	aret818@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Baojue Chen		321 4438043 ai ()	
Name o	of Person		ne 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BJCSOBT2123, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 21, 2008 and assigned Florida document number L08000108465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ___ City 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	Address	Type of Action
MGR	HUIWEN CHEN	10 GREGORY CT, CHERRY HILL. NJ08034	= Add
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ective date, if other than the da effective date is listed, the date must be	te of filing:	rior to date of filing or	(option more than 90 days after	nal) filing.) Pursuant to 605.020
e: If the date inserted in this block ument's effective date on the Department.	does not meet the app	plicable statutory fil	ing requirements, this	date will not be listed a
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s filed. . APRIL 22ND	2022	re time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
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