1090000 99641

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

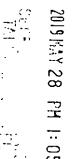
Office Use Only



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R. WHEEE JUN 1 5 2013





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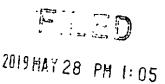
-	digion of Co			
SUBJECT:	STATE G	ROUP, LLC		
JODGECT.		Name of Lin	nited Lizbility Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		MOSES NAE		
			Name of Person	
		TAXLEAF.COM		
		·	Firm/Company	, .
		1549 NE 123RD ST		
			Address	
		NORTH MIAMI, FL 3310	51	
			City/State and Zip Code	
		INCORPORATIONS@TA		
Ear further in	·formation a		to be used for future annual report not	ufication)
		oncerning this matter, please c	ai;	
MOSES NA			305 541-3980 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	ne following amount:		
□ \$25.00 F	iling Fee	S30.00 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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

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MAY 24 2019

Reinstatement Tracking # 8773414050CR

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STATE GROUP, 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 L.                                          | ability Company y                        | were 61ed on 10/15/20    | 09                                    |
|-------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|---------------------------------------|
| Florida document number L09000099641                                                      | ———                                      | were med on              | and assigned                          |
| This amendment is submitted to amend the following                                        | owing:                                   |                          |                                       |
| A. If amending name, enter the new name of                                                | the limited liabil                       | ity company here:        |                                       |
| LA ROSA CHINA LLC                                                                         |                                          |                          |                                       |
| The new name must be distinguishable and contain the w                                    | ords "Limited Lisbilit                   | y Company," the designat | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic                                            | able:                                    |                          |                                       |
| (Principal office address MUST BE A STREE                                                 | T ADDRESS)                               |                          |                                       |
|                                                                                           |                                          |                          |                                       |
|                                                                                           |                                          |                          |                                       |
| Enter new mailing address, if applicable:                                                 |                                          |                          |                                       |
| (Mailing address MAY BE A POST OFFICE )                                                   | <u>BOX)</u>                              | _                        |                                       |
|                                                                                           |                                          |                          |                                       |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of | or registered offi<br>fice address here: | ice address on our       | records, enter the name of the new    |
| Name of New Registered Agent:                                                             | ACCOUNTANT                               | & MANAGEMENT, I          | NC                                    |
| New Registered Office Address:                                                            | 1549 NE 123RD                            | ST                       |                                       |
|                                                                                           |                                          | Enter Florida stre       | et address                            |
|                                                                                           | NORTH MIAMI                              |                          | , Florida <u>33161</u>                |
|                                                                                           |                                          | City                     | 7in 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

Page 1 of 3

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 = A | Authorized Member |         |                |
|----------|-------------------|---------|----------------|
| Title    | <u>Name</u>       | Address | Type of Action |
|          | •                 |         | Add            |
|          |                   |         | ☐ Remove       |
|          |                   |         | ☐ Change       |
|          |                   |         |                |
|          |                   |         |                |
|          |                   |         | □ Change       |
|          |                   |         | □ Add          |
|          |                   |         | □ Remove       |
|          |                   |         | ☐ Change       |
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|          |                   |         | C Remove       |
|          |                   |         | □ Change       |
|          |                   |         | Add            |
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|          |                   |         | □ Remove       |
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|                                                                                                                                                          |                                                              |                          |                                                               |                                                 |
| ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block ument's effective date on the Depa | specific and cannot be prior does not meet the applications. | cable statutory filing r | (optional): than 90 days after filing, equirements, this date | ) Pursuant to 605,0207<br>will not be listed as |
| record specifies a delayed e<br>he 90th day after the record                                                                                             | ffective date, but no<br>d is filed.                         | ot an effective tin      | ne, at 12:01 a.m. (                                           | on the earlier of                               |
| MAY, 14TH                                                                                                                                                | 2019                                                         |                          |                                                               |                                                 |
| hant                                                                                                                                                     | ·                                                            | <u> </u>                 |                                                               |                                                 |
| N MM                                                                                                                                                     |                                                              |                          |                                                               |                                                 |