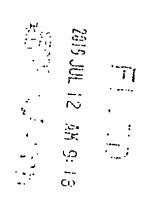
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COVER LETTER

Division o	f Corporations	
CONTRA DESCRIPTION	en Now Premium, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	Agnes Chau	
	Name of Person	
	Law Offices of Agnes Chau, P.A.	
	Firm/Company	
	5114 W Colonial Drive	
	Address	
	Orlando, FL 32808	
	City/State and Zip Code ame@agneschaulawtirm.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
Agnes Chau	407 648-0880 at ()	
N N	at () ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	a for the following amount:	
■ \$25.00 Filing F	Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chicken Now Premium, 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 June 1, 2010 and assigned Florida document number 1.10000058355 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FC Premium, LLC 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: Tien, Shih Chun Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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>	<u>Name</u>	Address	Type of Action
MGR	Liu, Tun M	8200 Vineland Ave Ste 1203 Orlando, FL 32821	Add
			■ Remove
			☐ Change
MGR	Liu, Carolyn Chao	8200 Vineland Ave Ste 1203 Orlando, FL 32821	Add
			■ Remove
			Change
			Add
			Add Remove
			Change
			Add Remove
			□ Change
			
			□ Remove
			Change
			Add
			☐ Remove
			Change

}

	and the control of th
(H°an e <u>Note</u>	ctive date, if other than the date of filing:
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: se 90th day after the record is filed.
Date	d July 1 2019
	Self Control of the C
	Signatury of a member or authorized representative of a member
	Tien, Shih Chun
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00