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C. GOLDEN AUG - 5 2019

COVER LETTER

	Registration So Division of Cou			
CLIB ID C	KHB GRO	oup, l.l.) :		
SUBJEC	J:	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	urn all correspo	ondence concerning this matter	to the following:	
		JIN CHEN		
			Name of Person	
		¹ JIN CHEN CPA PA		
			Firm/Company	 -
	9270 BAY PLAZA BLVD, STE 604			
			Address	
		TAMPA, FL 33619		
	City/State and Zip Code JINCHENCPAPA@GMAIL.COM			
		E-mail address: (to be used for future annual report notif	ication)
For further	r information c	oncerning this matter, please ca	atl:	
GRACE C	GAO		813 999-1140 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne 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)

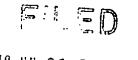
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



2019 JUL 26 PM 2:50

KHB GROUP, LLC

(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/12/2011}{\text{Ll} 1000117216}$	and assigned
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 "L	LC" or the abbreviation "L.L.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 address on our recor registered agent and/or the new registered office address here:	rds, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	ress
	Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHUNYAN ZHU	17012 PALM POINTE DR	
		TAMPA, FL 33647	■ Remove
			☐ Change
MGR	ZHAOFENG CHEN	17012 PALM POINTE DR	B Add
		TAMPA, FL 33647	
			Change
			Remove
		 	Change
			□ Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

	r information, enter change(s) here: (Allach additional sheets, if necessary.)
	07/21/2019
Note: If the date inserted	than the date of filing:
the record specifies a The 90th day after	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: r the record is filed.
Dated	. 2019
 .	Signature of a member or authorized representative of a member
ZHAO	FENG CHEN
	Typed or-printed name of signee

Page 3 of 3

Filing Fee: \$25.00