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	Registration Se Division of Cor			
CUD IEC	CXSOBT2	424, LLC.		r
SUBJEC	,l; <u></u> _	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		BAOJUE CHEN		
			Name of Person	
		CXSOBT2424, LLC.		
			Firm/Company	
		14314 LE CHALE DRIVE	:	
			Address	
		ORLANDO, FL32837		
		2120 1	City/State and Zip Code	
		aret818@gmail.com E-mail address: (to be used for future annual rep	ort notification)
For furth	er information c	oncerning this matter, please c	all:	·
BAOJUE	E CHEN		331 44380 at ()	43
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	l is a check for th	ne following amount:		
≡ \$25.0	00 Filing Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Addr</u> Registrati	ress: on Section
	Division of C			of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CXSOBT2424, LLC.		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number L12000071418		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	.	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addres	S
	•	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
l hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	complete performance of my duties, ar	nd I am familiar with and
being filed to merely reflect a change in the registere		

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	HUIWEN CHEN	10 GREGORY CT, CHERRY HILL, NJ08034	
			□Remove
			□Change
MGR YIDI XIE	YIDI XIE	14314 LE CHALE DR, ORLANDO, FL32837	□Add
			Remove
			Change
			□Add
			□ Remove
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fan efi	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
iocum	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	icu.
recor d is fi	
d is fi	APRIL 21ST, 2022
d is fi	APRIL 21ST, 2022
d is fi	APRIL 21ST, 2022
d is fi	APRIL 21ST, 2022 BADFIE CHEW Signature of a member or authorized representative of a member