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COVER LETTER

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cunica	China Supe	rmarket, LLC		
SUBJECT	:	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please retu	ırn ail correspo	ndence concerning this matter	to the following:	
		Chengbiao Zhao		
			Name of Person	***************************************
		China Supermarket LLC		
			Firm/Company	
		1332 N. State Road 7		
			Address	
		Margate, Florida 33063		
			City/State and Zip Code	
		Doral7451@outlook.com		
Daniel Carelina	a tankin manaki ana a		to be used for future annual report no	otification)
		oncerning this matter, please c	311.	
Chengbiac	o Zhao		954 6006154 at ()	
	Name o	l'Person	Area Code Dayti	me Telephone Number
Enclosed is	s a check for th	ne following amount:		
☐ \$25.0¢) Filing 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 tadditional copy is enclosed)
	Tailing Addres		Street Address: Registration S	ection
D	ivision of C	orporations	Division of Co	
	O. Box 632		The Centre of	
ľ	allahassee, I	"にっ2314	2415 N. Mont	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

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If Changing Registered Agent, Signature of New Registered Agent

China Supermarket, LLC	·
(<u>Name of the Limited Liz</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number £13000026580	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	g:
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.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or registories agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registere</u> re:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:
provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the ad complete performance of my dutics, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address. I hereby confirm that the limited liability age.

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
MGRM	QIU. Zhihua	1332 N. State Road 7. Margate, FL 33063	□Add
			■Remove
			□Change
AMBR	ZHAO,Chengbiao	1332 N. State Road 7, Margate, FL 33063	\equiv Add
			□Remove
			🗆 Add
			□Remove
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Effective date, if other than the figure of the date is listed, the date in Mote: If the date inserted in this document's effective date on the	nust be specific and block does not t	ig: d cannot be prior meet the applic	to date of filing cable statutory i			ng.) Pursuant to	
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Filing Fee: \$25.00