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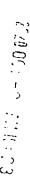
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (Bocament Namber) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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COVER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

Registration Section

TO:

| Division of C | orporations | | | | |
|-----------------------------|---|---|---|--|--|
| subject. | MAJAKEN LLC | | | | |
| | MAJAKEN LLC Name of Lim | nited Liability Company | | | |
| The employed Assistance | of Amendment and fee(s) are sub | and the set of Fig. 1911a. | | | |
| | | - | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | |
| | KWONG C | HAN Name of Person | | | |
| | | Name of Person | | | |
| | MAJAKEN LL | C Firm/Company | | | |
| | | Firm/Company | | | |
| | 9801 SCRIBN | ER LN | | | |
| | | ER LN Address | · · · · · · · · · · · · · · · · · · · | | |
| | WELLINGTON | FL 33414 | | | |
| | wchan 76@ 0 | FL 33414 City/State and Zip Code 5 Mail . Com to be used for future annual report not | | | |
| For further information | E-mail address: (concerning this matter, please c | • | ification) | | |
| | | | | | |
| KWONG C | MAN | at (3/0) 880 Area Code Daytin | 2519 | | |
| Name | of Person | Area Code Daytin | ne Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| \$\$\$ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addr | | Street Address: | | | |
| Registration Division of | Section Corporations | _ | Registration Section Division of Corporations | | |
| P.O. Box 63 | | The Centre of | | | |
| Tallahassee. | FL 32314 | 2415 N. Monro | e Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MAJAKEN | LLC | | | -1 /11/0: | 23 |
|--|---|------------------------------|--------------------------|--------------------|---------------------------------------|
| (Name of the Limited | Liability Company a Florida Limited Liab | as it now ap ility Compar | pears on our reco iy) | rd <u>s.</u>) | |
| The Articles of Organization for this Limited Liab Florida document number 2130000265 | | re filed on | 2/20/2 | 2013 | and assigned |
| This amendment is submitted to amend the follow | ∕ing: | | | | |
| A. If amending name, enter the new name of t | he limited liability | v company | here: | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability (| Company," ti | he designation "LL | .C" or the abbrevi | ation "L.L.C." |
| Enter new principal offices address, if applicat | ole: | | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | <u> </u> | | | |
| | _ | <u></u> | | | · |
| Enter new mailing address, if applicable: | - | | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | | | | |
| | | | | | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | istered office add <u>here</u> : | ress on ou | r records, <u>ente</u> | r the name of | the new registered |
| Name of New Registered Agent: | | | ·-· | <u> </u> | |
| New Registered Office Address: | | | | | |
| | | Enter | Florida street addre | 25.5 | · · · · · · · · · · · · · · · · · · · |
| | | | , F | lorida | |
| | | City | | Z | p 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 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 10 1 16: 13 | Type of Action |
|--------------|----------------|---------------------------------|----------------|
| MGR | KYOUNG MIN HAM | 9801 SCRIBNER LN, WELLINGTON FL | 33414 €AAdd |
| | | | □Remove |
| | | | □ Change |
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| etive date, if other than the date of filing: | (optional) |
|--|---|
| If the date inserted in this block does not meet the applicable sment's effective date on the Department of State's records. | statutory filing requirements, this date will not be listed |
| ment a circuity date on the Department of State S records. | |
| ord specifies a delayed effective date, but not an effective time, at | t 12:01 a.m. on the earlier of (b). The 90th day after the |
| filed. | the same and the control of the same and the |
| 28th 5-1-1-00 2020 | |
| d 28th September, 2020. hy W Signature of a member or authorized | |
| hy L | |
| Signature of a pumber of authorized | - manufaction of a second second |