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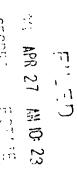
(Requ	estor's Name)
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COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	CHAN LY	FOODS, LLC			
SOBJECT.	.=10	Name of Limi	ted Liability Company		
The enclosed	i Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Teresa Tran			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
			Firm/Company		TOTAL TO
		9430 Walnut Crest Drive			1 R 7
		Orlando, Florida 32832	Address		APR 27 M 0 2
		yousushinow@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	9 23
			to be used for future annual report notific	cation)	
For further is	nformation co	oncerning this matter, please ca	ıll:		
Teresa Tran			407 526-6948 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &
				·	

MAILING ADDRESS:

TO:

Registration Section

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 TO ARTICLES OF ORGANIZATION OF

CHAN LY FOODS, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on February 12, 2014 an	nd assigned
Florida document number L14000024931		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
CHAN LY MANAGEMENT, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		-
Principal office address MUST BE A STREET ADDRESS)	; ,	·PR 17
	ζ,	27
	177	達 5
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		23
maning university DLATOST OTTICL BOA		
B. If amending the registered agent and/or registered offi	ce address on our records, enter the na	ame of the
egistered agent and/or the new registered office address here:		
Name of New Registered Agent:		
Naw Bogistared Office Address		
New Registered Office Address:	Enter Florida street address	
	. Florida	
		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 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** □ Add □ Remove □ Change _ Add □ Remove □ Change □ Remove 1 □ Add ☐ Remove ☐ Change \square Add □ Remove ☐ Change _□ Add ☐ Remove

☐ Change

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fective date, if other th	an the date of filing	g:		(optional)	
n effective date is listed, the ote: If the date inserted in	date must be specific and	l cannot be prior to da	te of filing or more than 9	0 days after filing) Pursuant to 605.026
cument's effective date o				,	
record specifies a d The 90th day after t			effective time, at	12:01 a.m.	on the earlier
ited <u>April</u>		2016.			
		5			
(// \	representative of a mem		

Page 3 of 3

Filing Fee: \$25.00