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(Re	equestor's Name)	
(Ad	ldress)	
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	10-A-17: (D)	- 40
(Ci	ty/State/Zip/Phone	∌#)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Registration Section

COVER LETTER

Division	of Corporations	
Nice SUBJECT:	e Tenement LLC	
501 32 C1	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	Lu Hong	
	Name of Person	
	Nice Tenement LLC	
	Firm/Company	
	8401 SW 19th LN	
	Address	
	Gainesville FL 32607	
	City/State and Zip Code	
	lvhong627@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Jian Pu	352 2816893 at ()	
1	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
\$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Certificate of Status \\ (additional copy is enclosed)	hus &

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 TO ARTICLES OF ORGANIZATION OF

NICE TENEMENT LLC	<u></u>	
(Name of the Limited Liab) (A Florid	lty Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L14000075180		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	•
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.G."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ζŊ
B. If amending the registered agent and/or registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	
	City	Zip 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>	Name	Address	Type of Action
MGR	Lu Hong	-	
			□ Remove
			Change:
MGR	Guanghua Yang		□ Add
			В Rетюче
			O Change
			D Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
		<u></u>	D Add
			□ Remove
			☐ Change
			D Add
			□ Remove

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fective date, if other than the n effective date is listed, the date mu te: If the date inserted in this bl cument's effective date on the D	n be specific and lock does not m	cannot be prior neet the applica	to date of filing or able statutory fil	more than 90 day	(optional) s after filing.) Pur is, this date will	suant to 605.02 not be listed
record specifies a delayer The 90th day after the rec	ord is filed.				:01 a.m. on	the earlier
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	Signature of a n					