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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|---|--|---------|
| SUBJECT: | ng & Son Name of Lim | LLC ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | |
| | Rosita | Name of Person | on s | 281.301 |
| | . | Firm/Company | | |
| | 13140 SU |) 23 57 Address | | 3 5 0 |
| | rositar) all | City/State and Zip Code Code | | |
| For further information c | oncerning this matter, please ca | all: | | |
| Rosifa Ca Name o | naw-Yorg | at (954) 602 - Area Code Daytime | - 17/5 e Telephone Number | |
| Enclosed is a check for the | he following amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc | |
| MAIL | ING ADDRESS: | STREET/COURI | ER ADDRESS: | |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Yona | 9 Son LhC | |
|--|--|------------------------------------|
| (Name of the Limited Lia) (A Eloi | bility Company as it now appears on our re rida Limited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Florida document number 70026205 | | 2014 and assigned |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the li | imited liability company here: | ZII L |
| The new name must be distinguishable and end with the words | 'Limited 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 AD | following: ne of the limited liability company here: the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." poplicable: REET ADDRESS) c. ICE BOX) and/or registered office address on our records, enter the name of the new | |
| | | 22.34 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | eords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street a | ddress |
| | | , Florida |
| | 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

| AMBR = Auth | orized Member | | |
|--------------|----------------|---|---------------------|
| <u>Title</u> | Name | Address , | Type of Action |
| MGR | Rosifa Chow-Yo | My 13140 SW 23 ST Miramar, P1.330 | Add → → → ← Remove |
| YMBR | Jorge Yong | Address Type of Action Sita Chow-Youg 13140 SW 23 ST MAdd Miramar, Pt. 33027 | |
| | | | 2:11 - |
| | | | |
| | | | |
| | | | |

| . 11 amenu. | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
|-----------------|--|--------------|----|
| . Effective | date, if other than the date of filing: | | |
| the date thi | is document is filed by the Florida Department of State) 7 Signature of Imember or authorized representative of a member | | |
| | Typed or printed name of signee | 2814 JUL 1 1 | ** |
| | HASSES FLORE | | |

Page 3 of 3

Filing Fee: \$25.00