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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations HUANG AND FEI RES RENTAL LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JIA FEI Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JIA FEI Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUANG AND FEI RES RENTAL LLC				
(Name of the Limited Liah (A Flor	ility Company as it now appears on o da Limited Liability Company)	ur records.)		-
The Articles of Organization for this Limited Liability Florida document number L14000129020	Company were filed on08/18/2	D14	and a	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	ti or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			.	
(Principal office address MUST BE A STREET ADI	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register			- Williams 5	2 <u>0</u> 21
B. If amending the registered agent and/or register	ed office address on our record	s, <u>enter the na</u>	r- 1	* 1
agent and/or the new registered office address here	;			50 n.≖. — (**
			·	- -
Name of New Registered Agent:			(03	73P . 4
New Registered Office Address:	Enter Florida str	eet address	- <u>F</u>	<u>ထ</u>
		. Florida	म	-
	Circ	, riorida j	Zip Cox	lo

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>	<u>Address</u>	Type of Action
AMBR	FENG HUANG	8837 OAK LANDINGS CT	= Add
		ORLANDO, FL 32836	□Remove
			Change
AMBR	JIA FEI	8837 OAK LANDINGS CT	□Add
		ORLANDO, FL 32836	→ □Remove
			≣ Change
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an effective date is listed. ote: If the date insert	the date must be specific and ed in this block does not nate on the Department of S	cannot be prior to da neet the applicable	ate of filing or more t	than 90 days after filing	g.) Pursuant to 605.020
record specifies a dela is filed.	yed effective date, but not				he 90th day after the
	Ich 07	2024	-		
ated	Feb 07		Topic	T.	
	Signature of a i	member or authorize	d representative of a	member	