## LI4 000153580

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## **COVER LETTER**

TO: Registration Division of C						
KUNG FU-SION, LLC						
SUBJECT: Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	NORMAN POON					
		Name of Person				
		Firm/Company				
1926 COMMON WAY ROAD						
	•	Address				
	ORLANDO, FL 32814					
		City/State and Zip Code				
	ROBERTSHO1021@HOT	MAIL.COM  to be used for future annual report notificati	ion			
For further information	n concerning this matter, please c	•	ioni			
NORMAN POON	-	407 452-9542 at ()				
Name of Person		Area Code Daytime Tel	lephone Number			
Enclosed is a check for	r the following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe Stallahassee, FL 32	ations ahassee treet, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KILNG FU-SION	LLC	2022 MAY 31 PH 4: 41
(Name of the Limited L (A )	iability Company as it now appears on or lorida Limited Liability Company)	VI TALLAHASSEE, FL
The Articles of Organization for this Limited Liabi	lity Company were filed on	1 / 2014 and assigned
Florida document number <u>L 14 0001535</u>	80	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	<del>-</del>
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ls, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	E . E	
	Enter Florida sti	eet auaress
-	Cin:	, Florida
	7.12	•

## 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>	<u>Address</u>	Type of Action
MGR	PUN, KWAI K.	1926 COMMON WAY ROADORLANDO, FL 3281	4 □Add
			<b>=</b> Remove
			Change
MGR	POON, KWAI YIU	1926 COMMON WAY ROADORLANDO, FL 3281	4 <b>≅</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change

Typed or printed name of signee