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	Registration Se Division of Cor						
eup ie		ERPRISE, LLC					
SUBJECT	ı; <u>-</u>	Name of Lim	ited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter					
		Peggy Hui					
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
		HUI ENTERPRISE, LLC					
			Firm/Company				
		20201 E Country Club Dr	unit 2503				
			Address				
		Aventura, Fl 33180					
			City/State and Zip Code				
		tienandpeggy@gmail.com					
		E-mail address: (to be used for future annual report no	stification)			
For further	r information c	oncerning this matter, please c	all:				
Peggy Hu	i		954 2981338 at ()	•			
	Name o	f Person	Area Code Dayti	me Telephone Number			
ي . د							
Enclosed i	s a check for th	ne following amount:					
■ \$25.00	0 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 Status & Certified Copy (additional copy is enclosed)			
	failing Addres		Street Address:	ection			
Registration Section Division of Corporations			Registration Section Division of Corporations				
P	O. Box 632	7	The Centre of	Tallahassee			
T	'allahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUI ENTERPRISE, LLC	and Linkilla Company as it now gonear	rs on our records)
(Same of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	1 100 100 1000 1000)
The Articles of Organization for this Limited L	iability Company were filed on 12/	/9/2014 and assigned
Florida document number L14000188060	·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company he	ere:
he new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
Principal office address MUST BE A STREE	ET ADDRESS)	7 7
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>
-		
		S S
 If amending the registered agent and/or in gent and/or the new registered office address. 	• •	ecords, <u>enter the name of the new regi</u>
Name of New Registered Agent:	Acosta Tax & Advisory PA	
New Registered Office Address:	15800 Pines Blvd, Suite 203	
New Registered Office Address.	Enter Flor	rida street address
	Pembroke Pines	Florida 33027
	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 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
	<u> </u>		
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Note: If	f the date insert	ed in this block ate on the Depar	does not n	neet the ap	pplicable :	itatutory fi	ling require	ements, this	date will	not be listed
record s d is filed		yed effective da	le, but not	an effect	ive time, a	t 12:01 a.i	m. on the ea	arlier of: (b)	The 90t	h day after th
Ju Dated	uly 1st			2021						
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	Peggy Hui									

Filing Fee: \$25.00