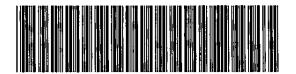
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COVER LETTER

Division of Cor	porations		
all Die Car	Bingl Ho	itel LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Hongwei Shang	
		Name of Person	
	The L	aw Office of Hongwei Shang, LLC	
		Firm/Company	
	7:	350 SW 89th Street, Suite 100	
		Address	
		Miami, Florida 33156	
		City/State and Zip Code	
		hshanglaw@gmail.com	
		o be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	all:	
Hongwei Shang		305 670-5266	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

	Hotel LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears ited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	7/10/2015	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>'e</u> :		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	signation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			<u></u>	
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>			
	•			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		·· ··		
B. If amending the registered agent and/or registere	d office address on	our records ante	No.	of the nov
registered agent and/or the new registered office address		our records, <u>ente</u>	DEC XHA XHA	or the nev
Name of New Registered Agent:	Jiafu Zhuan	g	22 SSFE	Subart Se decuses dat
New Registered Office Address:			- C	
	Enter Floria	la street address	ORIG	Lymp
	City	, Florida _	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>	Name	Address	Type of Action
AMBR	Bing Huang Wang	Bing I Hotel LLC	
		4559 W Irlo Bronson Memorial Hwy	■ Remove
		Kissimmee, FL 34746	Change
AMBR	Jiafu Zhuang	Bing 1 Hotel LLC	
		4559 W Irlo Bronson Memorial Hwy	□ Remove
•		Kissimmee, FL 34746	Change
			Add
			Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
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ective date, if other than the effective date is listed, the date met. If the date inserted in this burnent's effective date on the limited.	ust be specific and cannot be prior to date of fili block does not meet the applicable statutor	
record specifies a delaye The 90th day after the re	d effective date, but not an effec cord is filed.	tive time, at 12:01 a.m. on the earlie
December 18	2015	·
	1/1.	
	Signature of a member or authorized represe	
	Nichatura of a mamber or authorized represe	

Page 3 of 3

Filing Fee: \$25.00