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| (Re | questor's Name) | | _ |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Name | 9) | - |
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| Certified Copies | _ Certificates o | of Status | - |
| Special Instructions to | Filing Officer: | |] |
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Office Use Only



07/05/16--01028--007 **25.00

JUL 0 8 2016 S. YOUNG

COVER LETTER

| TO: | Registration Section Division of Corpor | on rations | | | |
|---------|---|--|---|---|-------------|
| SUBJE | СТ: | Buffe Name of Limi | tmiami LLC ted Liability Company | | |
| The end | closed Articles of Am | endment and fee(s) are subr | nitted for filing. | | |
| Please | eturn all corresponde | ence concerning this matter t | to the following: | | |
| | | | Zhana Xiao Name of Person | | |
| | | Reyal | Buffet & Gr.; Firm/Company | <u>l(</u> | SECRE I |
| | | 11379 | SW 40 S | 7 | - 5 SH |
| | | miami | FL 33165 | | PM 2: 5 |
| | | E-mail address: (t | City/State and Zip Code a Buffet miam o be used for future annual report notifi | equal/con cation | 1 0, |
| For fur | ther information conc | erning this matter, please ca | ıll: | | |
| | Zha na Name of Pe | Xiao | | - 3355 Telephone Number | |
| Enclose | ed is a check for the f | ollowing amount: | | | |
| \$2: | 5.00 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 St Certified Copy (additional copy is of | atus & |
| | | | | | |

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

TO ARTICLES OF ORGANIZATION OF

| Bo | Flet Wiar | n' | C . | | |
|--|--|-------------------------------|---------------------|--------------------|--|
| (Name of the Limited (A | Liability Company as it Florida Limited Liability | now appears on ou Company) | r records.) | | |
| The Articles of Organization for this Limited Liab | oility Company were fi | iled on <u>harc</u> | ch, 21, 20 | <u>K</u> and assig | ned |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, enter the new name of t | he limited liability co | mpany here: | | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Com | pany," the designati | on "LLC" or the abb | | <u></u> |
| Enter new principal offices address, if applicat | ole: | | | 5 | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | | | 5 PM 2: 57 | ACT STATE OF THE S |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | idress on our | records, enter | the name of | the new |
| Name of New Registered Agent: | | zhang | Xiao | | |
| New Registered Office Address: | 11379 SW | Go 57 Enter Florida stre | et address | | |
| | M (am) Cit | у | , Florida | 3316 Zip Code | 5 |

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

or removed from our records:

| MGR = | Manager |
|--------|--------------------------|
| AMBR = | Authorized Member |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|----------------------------------|---|
| MGR | Ling ling sheng | 11379 SW 40 ST miami, FL 331 | Add |
| | | miami, FL 331 | Remove |
| | | | Change |
| mar | Zhang Xiao | 11379 SW 40 ST miami, FL 3311 | Add |
| | | m:am:, FL 33/1 | Remove |
| | | | Change |
| | | | FAdd 器 |
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| Effective (| date, if other than t | ne date of fili | ng: | | | _ (optional) | |
| f an effectiv | e date is listed, the date note that the date inserted in this | nust be specific as | nd cannot be prio | r to date of filit | ng or more than 90 o | days after filing.) Pu ents. this date will | rsuant to 605.0201 not be listed as |
| | s effective date on the | | | |)B | •••••••••••••••••••••••••••••••••••••• | |
| | | | | | | | |
| e record | specifies a delay | ed effective | date, but no | ot an effec | tive time, at 1 | 2:01 a.m. on | the earlier o |
| The 90 | th day after the re | ecord is filed | l . | | | | |
| Dated | Jone: | 28 | , 2016 | / <u>2</u> . | | | |
| - | - | | - / | / | 1 / | | |
| | | Signature of | member of auth | unized represe | mative of a member | ·r | |
| | | Signature of a | , member of aut | | and the or a monitor | •• | |
| | | | 7/1 | - aa.) | rian | | |

Page 3 of 3

Filing Fee: \$25.00