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| (Red | questor's Name) | |
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| (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to f | Filing Officer: | |
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T. MATTHEWS FEB 2 1 2022

COVER LETTER

| TO: Registration Division of C | | | |
|--------------------------------|----------------------------------|--|--|
| SHOLECT. | SP. Tang, LLC Name of Lir | | |
| 30BJEC1; | Name of Lir | nited Liability Company | |
| | | , , | |
| The enclosed Articles | of Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | . . | | |
| | 2 | l k | |
| | Zar | ne Love ace Name of Person | |
| | | rame of reison | |
| | | | |
| | | Firm/Company | |
| | 1217 | E1 1 ~ +t. | 2101 |
| | | Edgewater Dr. # | 5/81 |
| | | | |
| | Orlando | FL 32804 | |
| | | City/State and Zip Code | |
| | - love a ce | City/State and Zip Code 2. Zane Jychoo. Conto be used for future annual report notion | Restina |
| For further information | concerning this matter, please c | | mean(m) |
| | | uit. | |
| _ Zane l | of Person | at (<u>G) (6</u>) <u>240 - 1</u> Area Code Daytim | 5205 |
| Name | of Person | Area Code Daytim | e Telephone Number |
| | | | |
| Enclosed is a check for | the following amount: | | |
| ☐ \$25.00 Filing Fee | \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | □ \$60.00 Filing Fee. |
| | Certificate of Status | Certified Copy | Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Addre | 2 88: | Street Address: | |
| Registration | Section | Registration Sec | ction |
| | Corporations | Division of Corp | porations |
| P.O. Box 63 | 21 | The Centre of T | allahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| SP. Tang. LL | 22 FED -7 PN 3: 11 |
|---|--|
| (Name of the Limited Liability Cor (A Florida Limit | mpany as it now appears on our records.) led Liability Company) |
| The Articles of Organization for this Limited Liability Compa | any were filed on 12 02 2016 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | iability company here: |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1317 Edgewater Dr. #3181 |
| (Principal office address MUST BE A STREET ADDRESS) | Orlando, FL 32804 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1317 Edgewater Dr. #3181 Orlando, FL 32804 |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | ce address on our records, enter the name of the new registere |
| Name of New Registered Agent: Regist | tered Agents Inc. |
| New Registered Office Address: 7901 | Hth St. N, Ste. 300 Enter Florida street address |
| <u>51. Pe</u> | Florida 33702 City Zip Code |
| Yew Registered Agent's Signature if changing Degistered Agent | |

red 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> | Address | Type of Action |
|--------------|----------------|---------------------------|----------------|
| AMBR | Soon Peng Tang | 728 Sw Pine Island Rd. #1 | <u></u> □Add |
| | | Cape Coral, Fl 33991 | _ KRemove |
| , | | | _ □Change |
| mer/mern | Zane Lovelace | 1317 Edgewater Dr. #3181 | _ tXAdd |
| | | Orlando, FL 32804 | _ □Remove |
| | | | _ 🗆 Change |
| | | | _ □Add |
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| | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | () |
| (If an el | Fixed date, if other than the date of filing: 0 0 0 2 2 (optional) Fixed value is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| he reco ord is f | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated | 29 Jan., 2022. |
| | 2 P |
| | Signature of a member or authorized representative of a member |
| | Zane Lovelace |
| | Typed or printed name of signee |

Filing Fee: \$25.00