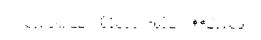
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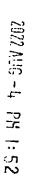
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

то:	Registration Section Division of Corpor				•
SUBJEC	T:V/V		TEA 11C ited Liability Company		
		nendment and fee(s) are sub			
Please re	rum an corresponde	ence concerning this matter	to the following:		
		Yun h	uan)	
			Firm/Company		
		III E (DLONIAL DE	ζ	
		ORLANDO	FL 328 City/State and Zip Coc	03	
	-		4 6 GMAIL to be used for future annu		
For furth	ner information conc	erning this matter, please ea	all:		
	lán huan Name of Pe	Jany	at (<u>646</u>) Area Code	932 _ 4y Daytime Telepho	one Number
Enclosed	d is a check for the f	oflowing amount:			
₹ J \$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is o		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec Division of Corp		Regis	Address: tration Section ion of Corporatio	ons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vivi Rubble Tea	LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears or nited Liability Company)	<u>1 our records.</u>)		
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	12912016	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
SPRING TEA STREET	FOOD LL			
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the	abbreviation 'a.C	•
Enter new principal offices address, if applicable:			A	<u> </u>
(Principal office address MUST BE A STREET ADDRES	S)		ි 	ي د • •
			<u></u>	
			72	111
Enter new mailing address, if applicable:			••	-
	 -		2	
(Mailing address MAY BE A POST OFFICE BOX)		- .		
			- ·	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our reco	rds, <u>enter the na</u>	ame of the new ro	egistered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
		, Florida		
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
		·	□Remove
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Effective date, if of	her than the t	late of filing	cannot be prior	to date of fili	ng or more that	optior 90 days after fi	<mark>tai)</mark> ling.) Pursua	int to 605.02
Note: If the date ins document's effective	erted in this blo	ck does not n	neet the applic	able statutor	y filing requi	rements, this	date will no	t be listed
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he record specifies a d ord is filed.	elayed effective	date, but not	an effective t	ime, at 12:01	a.m. on the	earlier of: (b)	The 90th	day after ti
ord is fried.								
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Dated								
			Y. [. 1.	A., A			