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Division of Corporations

Fax Number

: (850)617~6383

From:

: BLACKLEDGER ENTITY MANAGEMENT LLC Account Name

Account Number : I20150000089 Phone

Fax Number

: (305)444-8800 : (305)444-4010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KANG NING INVESTMENTS LLC

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| Kang Ning Investments (Name of the Limited Limbility Commen (A Florida Limited L.) | | | | | |
|--|--|---|--|--|--|
| The Articles of Organization for this Limited Liability Company | were filed on January 12, 2017 | and assigned | | | |
| Florida document number L17000008246 | | • | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited linbi | lity company here: | | | | |
| The new name must be distinguishable and contain the words "Limited Liabill | ty Company," the designation "i.l.C" or the | he abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | 13 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| <u>د.</u> | · | | | | |
| | | 3 9 5 | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| | | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, <u>en</u> ! | nter the name of the nev | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | Enter Floridu street address | | | | |
| | , Florida | | | | |
| | City | Zıp Code | | | |
| New Registered Agent's Signature, If changing Registered Agent: | | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered affice | performance of my duties, and 1 (provided for in Chapter 605, F.S. | am familiar with and Or, if this document is | | | |

If Changing Registered Agent, Signature of New Registered Agent

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company has been notified in writing of this change.

MGR = Manager

_□ Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member **Title** Name Address Type of Action MGR XIAONING HU 10265 NW 87 TERRACE _₩ Add DORAL, FL 33178 ☐ Remove _□ Change DbA 🗇 📮 Remove D:Change __ Remove (__□ Change _□ Add _ Change ☐ Remove _ Change D Add □ Remove 1

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| ective date, if other than the | he date of filing: | 3 30/2 | 017 | (| optional) | |
| te: If the date inserted in this | block does not meet t | he applicable s | e of illing or no latutory filing | re than 90 days requirements | after filing.) Post, this date will | arsuant to 605.0. Il not be listed |
| cument's effective date on the | Department of State's | i recards. | | | | |
| record specifies a delay. The 90th day after the re | ed effective date, ecord is filed. | but not an | effective t | me, at 12: | 01 a.m. on | the earlier |
| March 30 | 20 | 17 | | | | |
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