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TO:	Registration Division of C			
CUDIC		ROPERTY MANAGEMENT L	rc ·	•
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corres	pondence concerning this matter	to the following:	
		YING ZHANG		
			Name of Person	
		KYLIN REALTY		
			Firm Company	
		5168 W COLONIAL DR		
			Address	
		ORLANDO FL 32808		
	,	INFO@KYLINUS.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information	concerning this matter, please c	all:	
YING 2	ZHANG		407 6195658 at ()	
	Name	e of Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for	r the following amount:		
≡ \$25	5.00 Filing Fee	S30.00 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)
	Mailing Addi Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

DocuSign Envelope ID: 08B49D91-112C-45AE-A206-19D84C019022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KYLIN PROPERTY MANAGEMENT LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{11/1/20}{\text{Elorida document number}}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	203
(Principal office address MUST BE A STREET ADDRESS)	F POPULATION F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 14 16 PM 12:123
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	ds, <u>enter the name of the new re</u> g
Name of New Registered Agent:	
New Registered Office Address: Enter Florida s	street address
	, Florida

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

DocuSign Envelope ID: 08B49D91-112C-45AE-A206-19D84C019022 in amenium Authorized rerson(s) authorized to manage, enter the title, name, and address of each person, being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Act
MGR Jay wells	Jay wells	5168 w colonial dr	■Add
		orlando fl. 32808	□Remove
			□Change
AMBR YING ZHANG	YING ZHANG	5168 w coloniał dr	
		orlando fl. 32808	□Remove
			2020 Finange
			: <u>a</u> ym
			~ □Change
			□Add
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Note:	ve date, if other than the date of filing:
he record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
Dated_	11/9/2020
_	UNG EHING
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00