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COVER LETTER

Division of C	orporations		
PANDA	N BOBA LLC		
30 30LC1 .			
The enclosed Articles of	of Amendment and fec(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	YU-TING YU		
		Name of Person	
	PANDA BOBA LLC		
		Firm/Company	
		Address	
i	ORLANDO, FL 32821		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANDA BOBA LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on MAY 30, 2017	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
QQ BOBA LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1. 00
		e de la companya de l
Enter new mailing address, if applicable:		3
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	· · · · · · · · · · · · · · · · · · ·	er the name of the ne
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 Changing Registered Agent, Signature of New Registered Agent

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
 			
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or at the second state of the second			IS	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot	be prior to date of fi	ing or more than 90 da	(optional) vs after filing.) Pursuan	t to 605.020
Iote: If the date inserted in this block does not meet the	applicable statute			
ocument's effective date on the Department of State's i	ecords.			
e record specifies a delayed effective date, t	out not an effe	ctive time, at 12	:01 a.m. on the	earlier o
The 90th day after the record is filed.				
Pated MARCH 30 2018	: 			
	/			

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Typed or printed name of signee

Filing Fee: \$25.00