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| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------------|------------------------------------|---|---|--|
| SHRJ | JECT: | Shi Ma LLC | | |
| 0000 |) L U 1 | · | ited Liability Company | |
| | | | | |
| The e | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | e return all correspo | ndence concerning this matter | to the following: | |
| | • | | ū | |
| | | | Eric Amsallem | |
| | | | Name of Person | |
| | | | 19 -2 1-1 | |
| | | | Florida Invest LLC Firm/Company | . |
| | | | | |
| | | | 517 W 41st St., #500 Address | |
| | | | 7 (duress | |
| | | Miami | Beach, FL 33140 | |
| | | | City/State and Zip Code | |
| | | Eric@ E-mail address: (| Pflorida-invest.com to be used for future annual report no | tification) |
| For fu | urther information co | oncerning this matter, please c | | |
| 10110 | or mornation co | mater, presse es | ин. | |
| | Eric An | nsallem | at (786) 985-1374 | |
| | Name of | f Person | Area Code Daytir | ne Telephone Number |
| | | | | |
| Enclo | sed is a check for th | ne following amount: | | |
| ■ \$3 | 25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & | □ \$60.00 Filing Fee. |
| | | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| | | | | (additional copy is enclosed) |
| | | | | |
| | | NG ADDRESS: | STREET/COUR | IER ADDRESS: |
| | | ation Section n of Corporations | Registration Secti Division of Corpo | |
| | P.O. Bo | ox 6327 | Clitton Building | |
| | ганаћа | ssee, FL 32314 | 2661 Executive C Tallahassee, FL 3 | |

TO ARTICLES OF ORGANIZATION OF

| Shi Ma I | 1.C | | |
|--|--|---------------------------------------|--------------------|
| (<u>Name of the Limited Liabil</u> I (A Florid | ty Company as it now appears Limited Liability Company) | on our records.) | |
| | · · · · · · · · · · · · · · · · · · · | | |
| The Articles of Organization for this Limited Liability C | Company were filed on | 06/27/2017 | _ and assigned |
| Florida document number L17000139424 | <u>_</u> . | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company her | <u>re</u> : | |
| | | | |
| The new name must be distinguishable and contain the words "Lin | ited Liability Company," the des | signation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | R <i>ESS)</i> | | |
| | | · · · · · · · · · · · · · · · · · · · | , <u>, </u> |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| D. It amonding the registered egent and/or regis | tored office address on | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ado | ress here: | our records, enter tr | ie name of the new |
| | | ,E | 17 |
| Name of New Registered Agent: | Thomas on a Mariana | | SER SER |
| New Registered Office Address: | | SS | 2 |
| New Registered Office Address: | Enter Florid | da street address | |
| | | بَرَ Florida ⊋: | 7 T |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registere | d 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.

Il Changing Registered Agent, Signature of New Registered Agent

| | g | to manager giner the title manier and address of | r oddir porogra bornig dodo |
|----------------------|------------------------------|--|-----------------------------|
| -MGR = N AMBR = A | Manager Authorized Member | | |
| <u>Title</u> | Name . | <u>Address</u> | Type of Action |
| MGRM_ | Simone Broncard | 2060 Rue Xavier | Add |
| | | Val-David, Jot2no | □ Remove |
| | | QC, Canada | Change |
| MGRM_ | Maximilien Vandenhove | 800 N Miami Ave., Apt 1108 | D Add |
| | | Miami, FL 33136 | ■ Remove |
| | | | Change |
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Filing Fee: \$25.00