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3. YOUNG

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COVER LETTER

TO: Registration Se Division of Cor					
OLD IDAYP.	CITYSPADE MANAG	EMENT LLC			
SUBJECT:		nited Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	JIA SC	DNG			
	CITYSPAD	Name of Person E MANAGEMENT LLC			
Firm/Company 3627 NW 15 ST					
	MIAMI, FL 3312	Address 5			
City/State and Zip Code jiasong.cpa@gmail.com					
	E-mail address: (to be used for future annual report notific	cation)		
For further information ec	oncerning this matter, please c	all:			
JIA SONG		786 8601826 at ()			
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e 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:

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**

inv as it now appe Liability Company	ars on our regards \		
Liability Company)		
were filed on _	01/11/2018	and assigned	
ility company l	<u>here</u> :		
lity Company," the	designation "LLC" or the	abbreviation "L.L.C."	
3627 NW 15TH ST			
MIAMI, FL 33	3125	<u>≱::</u> 19	
	•	FILED ANASSEE, PL	
Will Will, F & Oc		5: 28	
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Emer Florida street address Florida			
1	ility company." the 3627 NW 15 MIAMI, FL 33 3627 NW 15 MIAMI, FL 33	ility company here: lity Company," the designation "ELC" or the 3627 NW 15TH ST MIAMI, FL 33125 3627 NW 15TH ST MIAMI, FL 33125 Enter Florida street address Enter Florida street address Florida	

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 **Title** <u>Name</u> <u>Address</u> Type of Action ZIJUNWANG 3150 SW 38TH AVE, SUITE 1302 **AMBR** _ 🗆 Add MIAMI, FL 33146 **≅** Remove _D Add □ Remove _____ Change _____ □ Add _□ Remove □ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

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ective date, if other than the or effective date is listed, the date must	late of filing:	er to data of filing or more	(optional)	
te: If the date inserted in this blo	ck does not meet the appli	cable statutory filing r	equirements, this date wi	ll not be listed
cument's effective date on the De	partment of State's record	5.		
record specifies a delayed	effective date, but n	ot an effective tim	ne at 12:01 a.m. or	the earlier
The 90th day after the reco		oc an enecave an	ic, at 12.01 a.m. or	rene carner
FEB 28TH ted	2019 	/		
	The second secon		/	
	Signature of a member or aut	torized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00