118000019422

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>→</i> #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

		tion Section of Corpor			·	
~	Red	Rabbit Ba	gs. LLC			
SUBJEC	J:		Name of Limite	ed Liability Company		
The enclo	sed Arti	cles of Am	endment and fee(s) are subm	itted for filing.		
Please ret	urn all c	orresponde	ence concerning this matter to	the following:		
			Jacob Zhang			
				Name of Person	<u>.</u>	
			Ivy Accounting Tax & Advi	sory		
			8950 SW 74th Ct Ste 1612			
				Address		
			Miami, FL 33156			
				City/State and Zip Cod	le	
		_	confirmation@ivy-cpa.com E-mail address: (to	be used for future annua	al report notification	on)
For furthe	er inform	ation conc	erning this matter, please call		•	
Jacob Zha	ang				227-6928	
		Name of Pe	rson	at () _ Area Code	Daytime Tele	ephone Number
Enclosed	is a chec	k for the fo	ollowing amount:			
\$25.0	0 Filing	Fee (□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is e		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

RED RABBIT BAGS, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 02/14/2018 Florida document number £18000019422			
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name o	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liahi	lity Company "the designation "LLC" or t	he abbreviation "LLC"
Inter new principal offices address, if applicable:		11865 ALDENDALE ST.	12.13.C.
Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32836	
			18 18
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11865 ALDENDALE ST.	ORE TAR
		ORLANDO, FL 32836	P
			STA ORA
			59 110X
 If amending the registered agent and egistered agent and/or the new registered of 	•••		ter the name of the
Name of New Registered Agent:	XU. ZONGJIE		
New Registered Office Address:	11865 Aldenda	ile St.	
1,12 1, 114 3 ,114 1,144 1,144 1,144 1,155		Enter Florida street address	
	Orlando	. Florida	32836
		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. Thereby 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
MGR	DLOOGOFF, STEVEN	3418 FRANKLIN AVE.	□ Add
		COCONUT GROVE, FL 33133	■ Remove
			□ Change
MGR	XU, ZONGJIE	H865 ALDENDALE ST.	■ Add
		ORLANDO. FL 32836	□ Kemove
			Change
			
			□ Remove
			☐ Change
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	te, if other than that is listed, the date			to date of filing	or more than 90 da	(optional)	suant to 6	.05 020°
ote: If the	date inserted in this effective date on the	s block does not i	meet the applic	cable statutory f				
	Jane							
	specifies a delar day after the r			ot an effectiv	e time, at 12	:01 a.m. on t	:he ear	lier o
	44 24	-/2	. 2018	·				

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Typed or printed name of signee

Filing Fee: \$25.00