## 1180000 22510

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

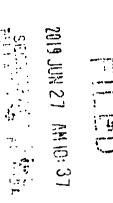
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## **COVER LETTER**

TO: Registration So Division of Cor					
(3.1.1.63	Flome Realty LLC				
30b3EC1,					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	BINBIN ZHANG				
		Name of Person			
	•	Firm/Company	<del></del>		
	16 WEST 16TH STREET	101.N			
	NEW YORK, NY 10011	Address			
	christybbzhang@gmail.con	City/State and Zip Code			
		to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca	all:			
BINBIN ZHANG	34 <b>)</b> 54519 <b>8</b> 6				
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25.00 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 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

All Scasoli rionic Really LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	wwere filed on 01/22/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	office address on our records, enter the name of the n
registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
<del></del>	Floriua 

## 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>	<u>Address</u>	Type of Action
AMBR	SANSAN HAO	16 WEST 16TH STREET, NEW YORK, NY 10011	
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AND JUNE 27 MAN 1-48	Effective date, if other than the date of filing:  (If an effective date, if other than the date of filing:  (If an effective date is listed, that must be secured and consortly prior to date of filing or more than 99 days after filing.) Pursuant to not 50. More:  (If the date inserted the date must be secured and consortly prior to date of filing or more than 99 days after filing.) Pursuant to not 50. More:  (If an effective date in serted the date must be secured and consortly filing requirements, this date will not be listed document's effective date on the Department of State's records.  The goth day after the record is filed.  Dated  (If the If 2019  Son San Hao  Nignature (3) winter or authorized representative of a member  BINBIN ZHANG  SANSAN HAO					,.	<del></del>		<u> </u>	-
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Page 3 of 3

Filing Fee: \$25.00