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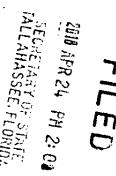
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COVER LETTER

TO:	Regi Divi	istration Section sion of Corpor	on Pations	80		
SUBJEC	ൗ.	LIU CHINA S	TAR RESTAURANT, LLC	C.		
SUDJEC	-1:	 	Name of Lim	ited Liability Company		-
The encl	osed	Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please re	turn	all corresponde	ence concerning this matter	to the following:		
				JIN HE		
				Name of Person		<u> </u>
				Firm/Company		_
			·	409 N CLARKE ROAD		
				Address		_
				OCOEE, FL 34761		
				City/State and Zip Code		
		-	E-mail address: (to be used for future annual r	eport notification)	•
For furth	er in	formation conc	erning this matter, please ca	all:		
		ЛИ НЕ	3	at ()	7) 290-0833	
		Name of Pe	rson	Area Code	Daytime Telephone Numb	er
Enclosed	is a	check for the fo	ollowing amount:			
□ \$25. 0	00 Fi	ling Fee G	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific osed) Certifie	Filing Fee, cate of Status & d Copy al 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

LIU CHINA STAR REST	TAURANT, LLC.		
(Name of the Lin	(A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Florida document numberL18000035269	Liability Company	were filed on 02/07/2018	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
NO CHANGE			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NO CHANGE	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> BOX)</u>	NO CHANGE	
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on our record	ds, enter the name of the nev
Name of New Registered Agent:	JIN HE		ZOIB SECA
New Registered Office Address:	409 N CLARKI		MPR HASS
		Enter Florida street addre	as Act
	OCOEE	, F	lorida 34761 🗜 🕠
		City	Zip Gode
New Registered Agent's Signature, if changing	Registered Agent:		20

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
MGR	JIN HE	409 N CLARKE ROAD	■ Add
		OCOEE, FL 34761	
			Change
MGR	CUI HUI LIU	409 N CLARKE ROAD	Add
		OCOEE, FL 34761	■ Remove
			Change
			□ Add
			Remove
	-		
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