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COVER LETTER

Division of Corporations TANG SUN USA, LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Agnes Chau Name of Person Law Offices of Agnes Chau, P.A. Firm/Company 5114 W. Colonial Dirve Address Orlando, FL 32808 City/State and Zip Code zhetaonly@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 648-0880 Agnes Chau Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TANG SUN USA, LLC		
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	v Company were filed on	5/1/2018	and assigned
Florida document numberL18000108793			
his amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company her	<u>ē</u> :	
he new name must be distinguishable and contain the words "I	.imited Liability Company," the des	ignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
		·	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or re		our records, <u>enter</u>	
egistered agent and/or the new registered office a	udress nere:		26
None of Non-Decimend Assess			
Name of New Registered Agent:			တ်ညံ့ ယ 📻 🚾
New Registered Office Address:	Entre Utrail	a street address	
	глиет рлога		
	City	Florida	Ep;Code FO
	Car		E-ily Payric

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>	Address	Type of Action
MGR	YONGQING ZHENG	5020 W. Irlo Bronson Memorial Highway	
		Kissimmee, FL 34746	
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		.	Add
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If an effective dat		must be specific an	nd cannot be prior		or more than 90 days Iling requirement			
document's eff	ective date on the	: Department of	State's records		mg requirement	, uns dure un	Thou de liste	u us u
	ecifies a delay lay after the r			t an effectiv	e time, at 12:	01 a.m. on	the earlie	r of:
Dated	August 22	<u>.</u>	2018					
				-	tive of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00