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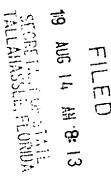
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COVER LETTER

| TO: | | istration Se ision of Cor | | | * |
|--------------|----------|------------------------------|---|---|--|
| SUBJ | FCTF: | PCD RESI | DENTIAL HOLDINGS, LLC | | |
| 300, | 1,01. | | Name of Lim | ited Liability Company | |
| The er | nclosec | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | ereturn | all correspo | ndence concerning this matter | to the following: | |
| | | | Qun Dong | | |
| | | | | Name of Person | |
| | | | PCD RESIDENTIAL HOI | LDINGS, LLC | |
| | | | | Firm/Company | |
| | | | PO BOX 13075 | | |
| | | | | Address | Company ling. of Person LC Company Idress and Zip Code future annual report notification) 352 262-4463 area Code Daytime Telephone Number O Filing Fee & S60.00 Filing Fee, Certificate of Status & |
| | | | Gainesville, FL 32604 | | |
| | | | pdtax@yahoo.com | City/State and Zip Code | |
| | | | | to be used for future annual report noti | fication) |
| For fu | rther in | nformation c | oncerning this matter, please ca | all: | |
| Qun I | Dong | | | 352 262-4463 at () | |
| | | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclos | sed is a | check for th | ne following amount: | | |
| ■ \$3 | 25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |

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

| PCD RESIDENTIAL HOLDINGS, LLC | | AND IN |
|--|---|--------------------------|
| | ity Company as it now appears on our records.) | |
| (A Florid The Articles of Organization for this Limited Liability C Florida document number L18000124613 | ity Company as it now appears on our records.) a Limited Liability Company) Company were filed on 05/17/2018 | Gand assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the lim</u> | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Florida | |
| | , Fiorida | 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, 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 |
|--------------|-------------|-----------------------|---------------------|
| MGR | DONG, QUN | PO BOX 13075 | ■ Add |
| | | Gainesville, FL 32604 | |
| | | | Change |
| MGR | YAN, YING | PO BOX 13075 | Add |
| | | Gainesville, FL 32604 | ■ Remove |
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| Effective | e date, if other than the date of filing: (optional) |
| Note: If | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| documen | it's effective date on the Department of State's records. |
| ha roco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie |
| The 9 | Oth day after the record is filed. |
| | |
| Dated _ | 8/9/19 |
| | |
| | /v.' Z\na & |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00