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COVER LETTER

	gistration Servision of Corp			
CHETCT	1574 PLUN	KER LLC		
SUBJECTS	<u> </u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Youshan Zhao		
			Name of Person	
			Firm/Company	
		2449 Southern Hills Ct		
			Address	
		Oviedo, FL, 32765		
			City/State and Zip Code	
		taxorlando@gmail.com	to be used for future annual re	
For further	information co	n-man address: (oncerning this matter, please of		port notification)
		meeting this matter, please er		
Youshan zl		· · · · · · · · · · · · · · · · · · ·	724 5578 at ()	
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclor	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

1574 PLUNKER LLC			
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document number L18000143455	and assign	ned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C	
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRES	SS)	S 8	ISI SEC
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			<u> </u>
		æ	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>~~</u>	<u> </u>
			<u> पू</u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		iter the name of	the no
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:	Enter Florida street address		
	, Florid:		
	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. 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
MBR	Meng, Pan	1574 PLUNKER DR	<u></u>
		CHAMPIONSGATE, FL 33896 FI	□ Remove
			□ Change
			□ Add
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			Change
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			6 ————————————————————————————————————	1553
				목자
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			20	5
				
		<u> </u>		
Effective date, if other than the fan effective date is listed, the date mented in this document's effective date on the	ust be specific and cannot be prior to dolock does not meet the applicable	ate of filing or more than 90 day	(optional) s after filing.) Pursuant to 605 ts, this date will not be liste	i,0207 ed as
e record specifies a delay The 90th day after the re	ed effective date, but not a cord is filed.	n effective time, at 12	:01 a.m. on the earlie	er of
Dated	, 2018			
	Signature of a member or authorize		<u></u>	

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Filing Fee: \$25.00