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PILED 2018 NOV 26 AM 7: 34 SECRETARY OF STATE

C COLDEN

COVER LETTER

Division of Corpora	ations			
SUBJECT: ANN	E & ARTHUR Name of Limi	LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.		
Please return all corresponder	nce concerning this matter t	o the following:		
		JUN WANE)	
-		Name of Person		
-		Firm/Company		
	2823 W. Liv	ingston St. Address		
-		Address		
	orlando, T florlando (E-mail address: (b	FL 32805		
-	C	City/State and Zip Code		
_	florlando (9/126. com	· · · · · · · · · · · · · · · · · · ·	
	E-mail address: (t	o be used for future annual re	port notification)	
For further information conce	rning this matter, please ca	II:		
JUN WA	VG	at (321 , 24	572422 Daytime Telephone Number	
Name of Per	son	Area Code	Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount:			
S25.00 Filing Fee	l \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified (e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

FILED 2018 NOV 26 AM 7: 34

SEURLIARY OF STATE TALLAHASSEE, FL

ANNE & ARTHUR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lie Florida document number 18000 (835	ability Company were fil	ed on July 31, 201	8 and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liability con	npany here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Comp	any," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/or the new registered off		dress on our records, <u>en</u>	ter the name of the nev
Name of New Registered Agent:	JUN WANG		
New Registered Office Address:		Living Ston St	
	Orlando	Florida	32805
	Cuy	, Fiorida	Zıp Code
New Registered Agent's Signature, if changing R	egistered 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> **Name** Address **Type of Action** 2823 W. Livingston St. Orlando, FL 32805 JUN WANG MGR 💢 Add □ Remove ☐ Change 2823 W. Livingston St. JUN WANG AMBR Orlando, FL 32805 Ď ∧dd ☐ Remove ☐ Change JUN XI AMBR □ Add 3037 Burton Ave. Rosemead, CA 91770 Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add □ Remove

□ Change

(If an effective 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 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	D. If amending any other	ner information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member or authorized representative of a member	Dated Novem!	ber 20 . 2018.
		Jun War.
JUN WANG		
Typed or printed name of signee		~

Page 3 of 3

Filing Fee: \$25.00