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### **COVER LETTER**

TO: Registration Solution of Con		·		
SUBJECT: 7	L Growth Name of Lin	Manager nited Liability Company	nent	4,46C
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	XIAO	FENG Z	HAN	G
		Name of Person  The Manage Firm/Company	eme	nt, LLC
	<i>a</i>	Address	a 7 C	•
	_ Brokyn	City/State and Zip Code	475	
	<b>ZX f 298</b> (E-mail address: (	a grand. a to be sed for future annual re	eport notifica	nion)
For further information c	oncerning this matter, please c	all:		
XIAOFEN	G ZHANG	at ( <b>6/2</b> )	406	3500
Name o	f Person	Area Code		elephone Number
Enclosed is a check for the	ne following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle	osed)	□ \$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

JL Consuch Management / LLC

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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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
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record s The 90th	specifies a delay day after the r	ved effective dat ecord is filed.	te, but not an e	ffective time, at	12:01 a.m. on	the earlier o
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_		Signature of a men	mper or authorized re	presentative of a member	er	
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Page 3 of 3

Filing Fee: \$25.00