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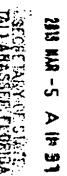
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COVER LETTER

TO: Registration Section
SUBJECT: LOYAL GONG COLLECTION, LL C
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wictoria A. Love Name of Person
Firm/Company
489 North Reynolds Rd Apt 15
TOKOO, OH 43615 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Victoria Love at (216) 317 - 8004 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee,

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	y Company as it now appears on our records.) Limited Liability Company)
(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on $\sqrt{\sqrt{Q/Q018}}$ and assigned
Florida document number <u>L18000369150</u>	<u>_</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	PESS)
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 additional agent.	tered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Collect
New Registered Agent's Signature, if changing Registered	LAgent:

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
AMBR BOOKS_	Love, Victoria A	689 North Reynolds Rd	□ Add
		APt. 15	_ ⊠ Remove
		Apt. 15 Toledo, OH 43615	Change
			□ Add
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Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	February 4 2019 Signature of a member or authorized representative of a member
	Victoria A. Love Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00