## L18000269297

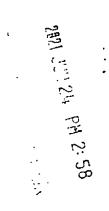
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## **COVER LETTER**

TO: Registration Section

Division of Corporations

HUANG D	YNASTY, LLC	·				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	DAVID RODRIGUES					
		Name of Person				
	RODRIGUES & ASSOCI	ATES, CPAs				
		Firm/Company				
	101 N MISSOURI AVE S	TE 2				
	<del></del>	Address				
	CLEARWATER, FL 3375	5				
		City/State and Zip Code				
	DRODRIGUES123@YAH					
	E-mail address: (	to be used for future annual report not	ification)			
For further information c	concerning this matter, please c	all:				
DAVID RODRIGUES		727 439-0089				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration 9		<u>Street Address:</u> Registration Se	ection			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 632		The Centre of				
Tallahassee,	rl 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUANG DYNASTY, 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 Liability Company were filed on  $\frac{11/19/2018}{2}$ and assigned Florida document number <u>L18000269297</u> 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.

City

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
AMBR	SHERRY LUNG	628 CLEVELAND ST#1508	<b>=</b> Add
		CLEARWATER, FL 33755	□Remove
			□Change
			□Add
			□Remove
			☐Change
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fective date, if other than the date of filin in effective date is listed, the date must be specific and	e: Januar	y 1 202	ore than 90 days at	tional) er filing ) F	Pursuant to 605 020
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edition is effective date on the Department of a	state's records.				
ecord specifies a delayed effective date, but not	t an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The	90th day after the
is filed.					
med May 28	2021				
nted ///ay a b		 111 5			
	11	1111-4			

Typed or printed name of signee