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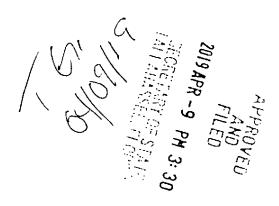




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COVER LETTER -

TO: Registration Section Division of Corpora			•	
SUBJECT: DOLL M	IC UP CLO Name of Lim	Hing Book, 4000 ited Liability Company	<u>. </u>	
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
-	Destinee	Denexe Ander	20V	2
		Firm/Company		2019 APR - SECRETALIANTA
- -	1505 W. Tha	TPE ST APT 336F		-9 PH
-	Tallahasiee	FL, 32303 City/State and Zip Code Cloud Com to be used for future annual report notifi		PH 3: 30 OF STATE OF STATE
_			cation)	
For further information conce	rning this matter, please ca	all:		
Destinee And Name of Per	etson son	at (404) 365- Area Code Daytime	Telephone Number	
Enclosed is a check for the fo	Howing amount:			
S25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & py
MAILING	ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

allahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 1900003338</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 word; "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 Florida

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 MCR Destinee Anderson 1505 by Thurpe St 1973368 Add Tallahassa FL 32303 ☐ Remove _ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove Reference ☐ Change □ Add ☐ Remove ☐ Change _D Add □ Remove

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an effe lote:	ve date, if othe ective date is listed If the date insert ent's effective da	l, the date must ted in this blo	be specific and ck does not r	d cannot be pri- neet the appl	icable statutor	ng or more the y filing requ	(option 90 days after irements, this	filing.) Pursuan	nt to 605 be liste	i.0207 (ed as (
e reco	ord specifies 90th day afte	a delayed er the reco	effective or ord is filed.	date, but n	ot an effec	tive time,	at 12:01 a	ı.m. on the	earlie	er of:
	APTIL	4th		. <u>3010</u>	<u>_</u> .					
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Page 3 of 3

Filing Fee: \$25.00