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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Haj Chang LLC	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ondence concerning this matter (to the following:	
	Alz	Name of Person	
	Atai Ch	Firm/Company	
	3701 NW) 194 TH	Address	.
	Miani G	Address Sardons: FL 33055 City/State and Zip Code 2015 @gnail.com	·
	<u>Atai chang</u> E-mail address: (i	2015 6 grail. Com	ication)
For further information of	concerning this matter, please ca	ail:	
Name C	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 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

(Name of the Limited Li	hang ability Company orida Limited Liab	as it now appears on collity Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document number		ere filed onl/l	4/2019	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabilit	y company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	ntion "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable	: _			55 1.
(Principal office address MUST BE A STREET AL	DDRESS) .			7 7 7 7
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u> -			
B. If amending the registered agent and/or r registered agent and/or the new registered office		ce address on our	records, <u>enter</u>	the name of the no
Name of New Registered Agent:	Atai	Chang		
New Registered Office Address:	3701 Nu) 1947H ST Enter Florida st	reet address	
_	Miani	Gardens	Florida	330 55 Zip Code

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.

f Changing Hegistered 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	Atai Chang	3701 NW 194TH ST	IZ Add
	O	3701 NW 194TH ST Miani Gardens, FL 33055	Remove
			Change
			🗆 Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			☐ Change

Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a number or authorized representative of a member
	Als
	Signature of a number or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00