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(Re	questor's Name)	
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PICK-UP	_	_
		
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

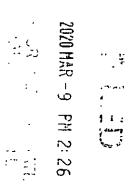


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COVER LETTER

TO:

Registration Section

Division of Coa	rporations		1
The Shinin	g Spice LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Scot A.Silzer		
		Name of Person	
	SilzerLaw Chartered		
		Firm/Company	
	1277 North Semoran Bld.	Suite 106	
		Address	
	Orlando, Florida 2807		
		City/State and Zip Code	
	scot@silzerlaw.com E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please c	·	
Scot A. Silzer		407 206.1973 at ()	
Name o	f Person	Area Code Daytin	ne 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 Addres Registration 9		Street Address: Registration Se	ection
Division of C P.O. Box 632	•	Division of Co. The Centre of	rporations
Tallahassee, 1			rananassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Shining Spice 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 March 27, 2019 Florida document number ______L19000084991 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.C. 11934 Fiction Ave. Enter new principal offices address, if applicable: Orlando, Florida 32832 (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: Mingjic Gao Name of New Registered Agent: 11934 Fiction Ave. New Registered Office Address: Enter Florida street address Orlando City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
•			□Add
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ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blocument's effective date on the Decument	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.020 r filing requirements, this date will not be listed a
cord specifies a delayed effective s filed.	e date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
	2020	
February 19 ted		
ted February 19	Signature of a member or authorized represen	