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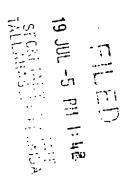
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COVER LETTER

TO: Registration Se Division of Cor			
SHRJECT:	KING RENLY	ADMORS LCC	
30081011	Name of Lim	ADUORS 200 ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DEMI	S ESPOSITO Name of Person	
		g ADMORS LCC	
		Firm/Company	
	1044 JSA	Address	· · · · · · · · · · · · · · · · · · ·
	STU	MAS FIA 34447 CitysState and Zip Code) ————————————————————————————————————
	DELLIS MESI	POSITO O GAHOV. LOWI	
For further information c	concerning this matter, please ea	all:	
Dennis E	sposito	at (<u>305</u>) <u>933 /</u> Area Code Daytin	715
:Name o	n Person	Area Code Dayin	ic 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on
	assee, FL 32314	2661 Executive Co	inter Circle

Annua and MEMBER

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

14/NG (LEALLY AD	HOYS UC
(Name of the Limited Liability Co (A Florida Lim	MANYS UC ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>[1 9000 1 6 0 3] .</u>	pany were filed on 4/29/19 and assigned
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 I	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	SME SME
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent New Registered Office Address:	SANE
	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Ag	ent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the letc performance of my duties, and I am familiar with und as provided for in Chapter 605, F.S. Or, Fibis document is fice address. I hereby confirm that the limited liability.
. AM	Tipo
memisen is	Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MEMBER	HAO Li	6400 MAIN ST 102 UNAWI LAILES FL 33014	ŒÁdd
			□ Remove
			Change
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ffecti	ve date, if other than the date of filing:
Note:	retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	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.
ated	7/2/19
	m-
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	DENMS ÉS POSITO Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00