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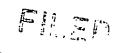
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COVER LETTER

TO:		stration Se sion of Cor			
elib in/			NTERN INTERNATIONAL,	LLC	
SUBJEC	LI: ,		Name of Lim	ited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			JUSTIN N CORSA	-	
			ZIGONG LANTERN GROU	JP WORLDWIDE, LLC	
				Firm/Company	
			7862 W IRLO BRONSON	MEMORIAL HWY SUITE #6	
				Address	
			KISSIMMEE. FL 34747		
				City/State and Zip Code	
			JNC3525@GMAIL.COM		
			E-mail address: (to be used for future annual report notificati	ion)
For furth	ner in	formation co	oncerning this matter, please co	ıll:	
JUSTIN	COF	RSA		919 495-1872	
		Name of	f Person	at () Area Code Daytime Tel	lephone Number
Enclosed	1 is a	check for th	ne following amount:		
■ \$2 5.	.00 Fi	ling 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)
		ing Addres istration S		Street Address: Registration Sectio	n
	_		orporations	Division of Corpor	
		. Box 632		The Centre of Talla	hassee
	Tall	ahassee. I	L 32314	2415 N. Monroe St	reet, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CHINA LANTERN INTERNATIONAL . LLC

2021 DEC 27 PM 12: 50

(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 $\frac{07/17/2019}{1}$ and assigned Florida document number 119000179193 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ZIGONG LANTERN GROUP WORLDWIDE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 _ 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, 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
			□Add
			□Remove
			□Change
			□Add
			Remove
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			□Change

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	12/20/2021
E. Effective da	12/20/2021 e, if other than the date of filing: (optional)
Note: If the	te 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 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.
f the record spec record is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of Thember or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee