(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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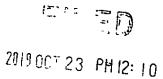
TO: Registration Sect Division of Corpo			
SUBJECT: VEga	starseed, LLC Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Zhen W Cai	
	,	rame of reform	
	Vegasturs	eed, LLC Firm/Company	
	6938 Fina	more Circle	
		Address	
	Lake Worl	City/State and Zip Code	
	Zhenbeust E-mail address: (City/State and Zip Code @ gwwl . Cow to be used for future annual report notif	ication)
For further information cor	ncerning this matter, please ca		
Zhen W	/ Cai	at (<u>561</u>) <u>452 - 8</u> Area Code Daytimo	1634
Name of I	'erson	Area Code Daytime	· Telephone Number
Enclosed is a check for the	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**



VE	GASTARSEED, LLC	
(Name of the Limited	Liability Company as it now appears on our record V Florida Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Lia florida document number		and assigned
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	ADDRESS)	· ·
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>oxi</u>	
3. If amending the registered agent and/oregistered agent and/or the new registered offi	ce address here:	s, enter the name of the
Name of New Registered Agent:	Zhen W Cai	
New Registered Office Address:	15. 19.11	
	Enter Florida street addres	S.
	Circ , Flo	orida
	Cit	zip Cone

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
MGR	Zhen Cai	6938 Finanore Circle	
		Lake WOHL, FL 33467	⋈ Remove
			☐ Change
MUR	Zhen W Cai	6438 Finamore Circle	Add
		Lake Worth, FL 33467	□ Remove
			Change
			🗆 Aðd
			Remove
			Change
			D Add
			☐ Remove
			□ Change
			□ Add
			Remove
			□ Change
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			□ Remove
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'an effective <u>(ote:</u> If th	ate, if other than date is listed, the date e date inserted in thi effective date on th	must be specific and s block does not i	d cannot be pric meet the appli	or to date of lilin cable statutory	g or more than 90	(optional) days after filing.) Pr tents, this date wi	irsuant to 605.0207 Il not be listed as
e record The 90t	specifies a dela h day after the	yed effective (record is filed.	date, but n	ot an effect	ive time, at	12:01 a.m. on	the earlier o
ated	representation of the second	Oct 19	2019	·			
		16					
-		Signature of a	member or auti	horized represer	ntative of a memb	er	

Page 3 of 3

Filing Fee: \$25.00