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Division of	on Section Corporation	18			٠		1
SUBJECT:	Ting >	l an a	LLC				
		*1	Name of Lim	ited Liability Com	pany		
The enclosed Article	es of Amendn	nent and	fee(s) are sub	mitted for filing.			
Please return all cor	respondence (concernir	ng this matter	to the following:			
		G	eorge N	Name of Pe	erson		
				LC J.b Firm/Comp			Restaurant
	!	0032	Pinos Blo	v d Address	·		<u>-</u>
	<u>—</u> i	<u>Pembra</u>	oke Pine	5 FL City/State and 7	<i>33024</i> (ip Code	<i>f</i>	
		<i>9</i> e e	orge Moh <i>[a</i> -mail address: (yahoo. com to be used for futur	re annual repor	t notification	1)
For further informat	ion concernir	ig this ma	atter, please c	all:			
<u>George</u> No	Moh ame of Person		<u> </u>	at (<u>954)</u> Area C	(1) <u>594</u> Tode Da	-6409 aytime Telep	phone Number
Enclosed is a check	for the follow	zing amo	unt:				
₩ \$25.00 Filing F			ing Fee & e of Status	S55.00 Fil Certified (additional o	-		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A					Street Addres		
	ion Section				Registration		
	of Comoro				Division of		:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jing Yang LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{120000131265}{}$	were filed on $\frac{05/14/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	
	2020 SE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
•	
	FA Si
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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.

. 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
AMBR	Esteban Soto Fuentes	12512 SW 94th Terrace, 1	Mixmi, FL 33186 MAdd
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	date, if other than the	t be specific and ock does not m	cannot be prior to eet the applicab	date of filing or male statutory filing		fter filing.) P		
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