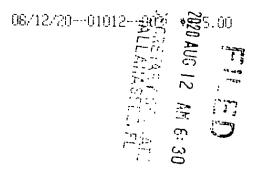
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificated	s of Status
Special Instructions to I	Filing Officer:	

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D. BRUCE SEP 3 A 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UUMG Chara CCC- Name of Lighted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Franklin Brysun Name of Person
Young Chang, CC Firm/Company
1545 NW 15th Avenue School RD Axt 505
Mram, FC 33125 City/State and Zip Code
E-plail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lanter M. Parcamyre CCAUC at (7) 457-2625 Name of Person Area Code Daytime Telephone Number 55 5 7
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Gopy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Yang Chary, CCC	
(Name of the Limited Liability Compa (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 <u>L 2000 (148716</u> .	wwere filed on JUNC 1, 267.0 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 "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	TACO AUG
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	• • • • • • • • • • • • • • • • • • • •
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Degistered Agent's Signature, if shanging Degistered Agents	

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
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