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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	J Alexander Name of Lim	T(U) Ching Lited Liability Company	1(
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	charles r	Name of Person	Imes
	C] Klexar	Cler Thycky	3 LL
	1209 N.A	Mills Address	
	Or lancio	the S2803 City/State and Zip Code	
	CJakaveler E-mail address: (1	to be used for future annual report noti	<u> </u>
For further information of	concerning this matter, please ca	all:	
CMA(VS)	holMes of Person	at (407 - Code) Daytim	o454 e 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)

TO:

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

OF

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accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confirm	n that the limited liability
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	performance of my dutie.	s, and I am familiar with and 05, F.S. Or, if this document is
New Registered Agent's Signature, if changing Registered Agent:	·	,
	City	, Florida Zip Code
	Enter Florida street a	ldress
New Registered Office Address:		
Name of New Registered Agent:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
(Principal office address MUST BE A STREET ADDRESS)	FL 37803	
Enter new principal offices address, if applicable:	12.09 N. Mills	s Alle Orlando
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation '	'LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
Florida document number LCCO(X) 1.5.2		
The Articles of Organization for this Limited Liability Company	were filed on	(4)(0) and assigned)
(A Florida Limited I	ny as It now appears on our re Liability Company)	(CO)
(Normal of the Hardenst Labellian Commo		

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>	Name	Address	Type of Action
MOR	Jena Menlberg	1209 N. M. IIs Ale Orlando, FL 32803	_ IDAdd
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an effe ote:	ve date, if other than the date of filing:
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated_	October 18th, 2020.
	Signature of a member or authorized representative of a member
	- Official of a monton of annioting tobiocommittee of a monton