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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Division of C | | | | | |
|-----------------------------------|---|---|--|--|--|
| | MART LLC | | | | |
| SUBJECT: | WBJECT:Name of Limited Liability Company | | | | |
| The enclosed Articles | of Amendment and fee(s) are sul | bmitted for filing. | | | |
| Please return all corres | pondence concerning this matter | r to the following: | | | |
| | WOON SEOB LEE | | | | |
| | | Name of Person | | | |
| | LJ KOA MART | | | | |
| | | Firm/Company | | | |
| | 4690 N STATE ROAD 7 | STE 110 | د.، | | |
| | | Address | SEC SEC | | |
| | COCONUT CREEK, FL | 33073 | oct 3 | | |
| | KOAMART4690@GMAI | City/State and Zip Code L.COM | | | |
| For further information | E-mail address: concerning this matter, please of | (to be used for future annual report notific call: | 2023 OCT 31 PH 4: 30 SECTLATION SEEL, FL | | |
| JAY LEE | | 754 281-5614 at () | (** | | |
| Name | of Person | | Celephone 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 Addr Registration | Section | Street Address: Registration Sect | | | |
| Division of P.O. Box 63 | Corporations 27 | Division of Corpo The Centre of Ta | | | |
| Tallahassee | | 2415 N. Monroe | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appears on our re ida Limited Liability Company) | cords.) | | |
|---|---|-------------------------------------|--|--|
| The Articles of Organization for this Limited Liability Company were filed on | | and assigned | | |
| Florida document number | · | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | | | |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation | "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | 730 | | |
| (Principal office address MUST BE A STREET ADL | ORESS) | | | |
| | | 3 7 | | |
| | | 70 - P 111 | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 31 | | |
| | <u> </u> | | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | nter the name of the new registered | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street aa | ldress | | |
| | City | . Florida | | |

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 |
|--------------|---------------------------|--------------------------|--------------------|
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