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COVER LETTER

Agree Chan	TO: Registration So Division of Co		•		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Agnes Chau Name of Person Law Offices of Agnes Chau, P.A. Firm/Company 5114 W. Colonial Drive Address Orlando, FL 32808 City/State and Zip Code vincenthhmei@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Agnes Chau 407 648-0880	CUB INCT.	Mei's Su	permarket, LLC		
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■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	■ \$25.00 Filing Fee		Certified Copy	Certificate) Certified C	of Status & Copy

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

Mei's Supermarket, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company was Florida document number L20000316686 This amendment is submitted to amend the following:	ere filed on	October 2, 2020	and assigned	
A. If amending name, enter the new name of the limited liability Mei's Trading Orlando, LLC The new name must be distinguishable and contain the words "Limited Liability			breviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:		
New Registered Office Address.	Enter Florida street a	aktress
		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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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If an effective date Note: If the date	if other than the date of is listed, the date must be specifite inserted in this block does ective date on the Departmen	ic and cannot be prior to da not meet the applicable			
ne record specific ord is filed.	es a delayed effective date, bu	it not an effective time,	at 12:01 a.m. on the o	carlier of: (b) The 90th	day after the
Dated	October 16	2020			
	1814				
	Signature	of a member or authorize	d representative of a me	mber	
		Hai Hua Me	ei		
	<u> </u>	Typed or printed na	ame of signee		

Filing Fee: \$25.00