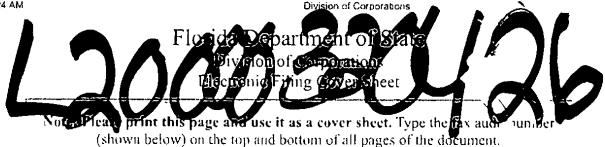
12/6/23, 9.24 AM

To:



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA

Account Number : I20010000164 Phone : (305)893-8989 Fax Number : (305)891-7717

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | | |
|-------|----------|--|--|
| | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HOOK & REEL 33442 LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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Help

Enclosed is a check for the following amount:

X \$25.00 Filing Fee

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☐ \$55.00 Filing Fee & Certified Copy (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 (((H23000416055 3)))

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | 100K & REEL 33442 L | .LC | |
|--|--|---|---|
| (Name of the Limits | d Liability Company as it now appea A Florida Limited Liability Company) | rs on our records.) | ······································ |
| The Articles of Organization for this Limited Lia Florida document number <u>L20000320426</u> | ability Company were filed on | 10/09/2020 | and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liability company h | ere: | |
| The new name must be distinguishable and contain the we | ords "Ermited Liability Company," the | designation "LLC" or the | abbreviation "LALC." |
| Enter new principal offices address, if applica | able: | | |
| (Principal office address MUST BE A STREET | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE has been been been been been been been bee | gistered office address on our i | records, enter the na | |
| Name of New Registered Agent: | Alexander Orelly | . ` | · • |
| New Registered Office Address: | 3887 W HILLSBOF | RO BLVD | .3 |
| | | rida street address | , |
| | DEERFIELD BEA | <u>CH,</u> Florida_ | 33442 Zip Code |
| New Registered Agent's Signature, if changing Re | · | | (2) |
| I hereby accept the appointment as registared provisions of all statutes relative to the properacept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c | r and complete performance of tered agent as provided for in C egistered office address, I here. | f my duties, and Lan Chapter 605, F.S. O | igree to comply with the a familiar with and b, if this document is |

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To:

If amending Authorized Person(s) authorized to manage, cuter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|---------------------|-------------------|--------------------|----------------|
| Р | ZHANG, MINGTONG | 9725 BLUE ISLE BAY | |
| | | PARKLAND, FL 33076 | XRemove |
| | | | ElChange |
| MGR | ORELLY, ALEXANDER | 2515 SW 126 Avenue | XAdd |
| | | MIAMI FL 33175 | ERemove |
| | | | (I)Change |
| AMBR | ORELLY, ALEXANDER | 2515 SW 126 Avenue | X Add |
| | | Miami FL 33175 | L]Remove |
| | | | (IChange |
| | | | []Add |
| | | | (JRemove |
| | | | f HThange |
| | | | (DAdd |
| | | | DRemove |
| | | | E)Change |
| | | | CAdd |
| | | | CIRemove |
| //H23000416055 3)\\ | | | F)Change |

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To:

| D. If amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|--|
| dyn all the cated | |
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| (If an effectiv <u>Note:</u> If the | date, if other than the date of filing: |
| The record specord is filed. | ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the |
| Dated | November 29 2023 Signature of a member or authorized representative of a member |
| | LM 198 dong 36 |
| | Signature of a member or authorized representative of a member |
| | MINGTONG ZHANG Typed or printed name of signed |
| | typed of printed name of Signer |