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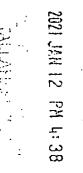
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration So Division of Cor | | | |
|-----------------|------------------------------------|---|---|---|
| el:Dirz | VISTAS JA | V LLC | | |
| SUBJEC | .1; | Name of Lim | ited Linbility Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | Guojing Zhang | | |
| | | | Name of Person | |
| | | | FinnCompany | |
| | | 5168 W Colonial Dr | | |
| | | | Address | |
| | | Orlando/FL 32808 | | |
| | | | City/State and Zip Code | |
| | | oxcoco27@gmail.com | to be used for future annual report notifi | (ention) |
| For furth | er information c | concerning this matter, please c | · | , |
| Ying Zh | ang | | 407 7258860 at () | |
| - | Name o | f Person | | Telephone Number |
| Enclosed | l is a check for t | he following amount: | | |
| ≣ \$2 5. | 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 Addres | | Street Address: | |
| | Registration ! Division of C | | Registration Sec Division of Corp | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company were filed on $\frac{11/16/20}{\text{Florida document number}} \frac{1.20000363070}{\text{Liability Company were filed on a file of the following.}}$ | and assigned | | | |
|---|---|--|--|--|
| This amendment is submitted to amend the following. | | | | |
| | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | |
| SIXSENSE 323 LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation | tion "LLC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 2021 | | | |
| | 021 JAN 12 | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | PH 4:3 | | | |
| | | | | |
| B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here: | | | | |
| Name of New Registered Agent: | ** | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | , Florida | | | |
| City | Zip Cenke | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |

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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| Effective date, if othe iff an effective date is listed. Note: If the date insert document's effective date. | the date must be spec all in this block doe | cific and cannot be prices not meet the appl | or to date of filing or mo leable statutory filing | (optional) re than 90 days after filing.) requirements, this date v | Pursuant to 605,0207 (vill not be listed as t |
| e record specifies a dela ord is filed. | ved effective date. I | but not an effective | time, at 12:01 a.m. o | n the earlier of: (b) The | 90th day after the |
| Dated | | 2021 | | | |
| | | Jiang We | | | |

Filing Fee: \$25.00

Typed or printed name of signee