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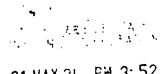
## COVER LETTER

(additional copy is enclosed) Certified Copy	TO: Registration Division of C	i Section Corporations		
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:    YI, RAN		& PIGLET LLC		
Please return all correspondence concerning this matter to the following:    Y1, RAN		Name of Lin	ited Liability Company	
Name of Person	The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Name of Person	Please return all corre	spondence concerning this matter	to the following:	
Firm/Company  11151 Valencia Ave  Address  Seminole, FL 33772  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  YI, RAN  702 882-6680  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{\$\frac{1}{2}} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		YI, RAN		
Address  Seminole, FL 33772  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  YI, RAN  Name of Person  at (702 882-6680)  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{align*} \text{S25.00 Filing Fee} & \$\text{\$\tex			Name of Person	
Seminole, FL 33772			Firm/Company	<del></del>
Seminole, FL 33772   City/State and Zip Code		11151 Valencia Ave		
City/State and Zip Code			Address	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  YI, RAN  TODE  882-6680  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} \text{S30.00 Filing Fee} & \text{Certificate of Status} & \text{Certified Copy} & \text		Seminole, FL 33772		
For further information concerning this matter, please call:  YI, RAN  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{l} \			City/State and Zip Code	
Name of Person    To 2   882-6680     Area Code   Daytime Telephone Number			•	fication)
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Area Code  Daytime Telephone Number  \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)	For further information	in concerning this matter, please c	all:	
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{lll} \text{\$\text{\$\$25.00 Filing Fee} & \$\Begin{array}{lll} \text{\$\$55.00 Filing Fee} & \$\Begin{array}{lll} \text{\$\$60.00 Filing Fee}, & \$\Begin{array}{lll} \$\$60	YI, RAN			
■ \$25.00 Filing Fee  S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy	Narr	e of Person	Area Code Daytim	e Telephone Number
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for	or the following amount:		
	篇 \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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



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CHOCO & PIGLET LLC		
(Name of the Limited Liability Compa (A Florida Limited i	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L21000134083	were filed on $\frac{03/22/2021}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11151 Valencia Ave	
(Principal office address MUST BE A STREET ADDRESS)	Seminole, FL 33772	
Enter new mailing address, if applicable:	11151 Valencia Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Seminole, FL 33772	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records.	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre <b>e</b> t	address
<del></del>	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 Person(s) authorized to manage, enter the title, name, and address of each person being added 21 HAY 24 PM 3: 52

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ll an cfl <u>Note:</u>	ive date, if other than the date of filing:
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Dated	5/20 <u>2021</u> 3) 85
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00