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COVER LETTER

		on Section f Corporations	
CLID IE C	JUNF	FOONG KUEN CHINES MEDICINE LLC	
SUBJEC	1;	Name of Limited Liability Company	
The enclo	sed Article	es of Amendment and fee(s) are submitted for filing.	
Please ret	urn all corr	respondence concerning this matter to the following:	
		CHUN TE WU	
		Name of Person	
	•	JUN FOONG KUEN CHINESE MEDICINE	
		Firm/Company	
		2798 66TH ST NORTH	
		Address	
		SAINT PETERSBURG FL 33710	
		City/State and Zip Code	
		chuntel 110@gmail.com E-mail address: (to be used for future annual report notification)	
			,
or furthe	r informati	ion concerning this matter, please call:	
CHUN TI	E WU	941 9142095 at ()	
	Na	ime of Person Area Code Daytime Telephone Number -	<u> </u>
Enclosed i	is a check f	for the following amount:	A
\$25.0	0 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of States &

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

JUN FOONG KUEN CHINESE MEDICINE 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 were filed on $\frac{04/21/2021}{}$ and assigned Florida document number _____L21000184606 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	CHUN TE WU	4363 GROVELAND AVE	
		SARASOTA FL 34231	Remove
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ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of fili- te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	I a.m. on the earlier of: (b) The 9	Oth day after t
ed <u>7-13e /21</u>		
ed 7-/30/). A Signature of a member or authorized represe	entative of a member	
. CHUN TE WILL Typed or printed name of si		