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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	E HOLDINGS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	<del></del>	Address	
		City/State and Zip Code	
		to be used for future annual report no	otification)
	oncerning this matter, please c		
XU, HUIXIAN		954 367-3851 at () Area Code Dayti	me Telephone Number
Name o	of Person	Area Code Dayt	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	Section
Division of C	Corporations	Division of C	orporations
P.O. Box 633	27	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## KAYCEE HOLDINGS LLC

(Name of the Limited Liability Company as it now unnears on our records )

(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 07/12/2021  Florida document number L21000317780	and assigned
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 "L.IC."
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 agent and/or the new registered office address here:	the name of the new registe
agent and/or the new registered office address here.	`
Name of New Registered Agent:	
Now Pagistarad Office Address:	-
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	oridaZip Code

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>	Address	Type of Action
MGR	EISEN, BARRY	18503 PINES BLVD, STE. 204	
		PEMBROKE PINES, FL 33029	■Remove
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record spo is filed.	ecifies a delayed effective (	ate, but not	an effective	time, at 12:0	Ha.m. on the	earlier of: (b)	The 90th day a	ifter the
	The 26th of August	<del></del> .	2024	- <b>-</b>				
ated		1	10 11	<i>,</i> –		•		
ated			1/1/	7	Sentative of a m			_

Filing Fee: \$25.00