L21000369907

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COVER LETTER

4 TO: Registration Section

Division of Corporations

AMERICA SUBJECT:	AN HANHAN LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	XIN YANG				
	 	Name of Person			
	AMERICAN HANHAN L	LC			
		Firm Company			
	301 SW 1ST AVE UNIT	2719			
		Address			
	FORT LAUDERDALE, F	L 33301			
		City/State and Zip Code			
	OLIVIA@JALACCT.CON				
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	all:			
XIN YANG		202 916-7777			
Name of Person		at ()	e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Division of Cor The Centre of T	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

FILED

AMERICAN HANHAN LLC

2021 OCT 12 PH 4: 02

(Name of the Limited Liability Company as it now appears on our records.) SEURE TARY OF STATE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on AUGUST 17 2021 and assigned Florida document number <u>L21000369907</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 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 ____, Florida ___ Cin

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 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
MGR	YIXIN LIU	301 SW 1ST AVE UNIT 2719	■Add
		FORT LAUDERDALE, FL 33301	□ Remove
			□Change
			□Add
			□Remove
			Change
		 	□Add
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			Change
			□Remove
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<u>te:</u> If the dat	if other than the is listed, the date meeting in this lective date on the lective date on the lective date.	block does not:	meet the applic	able statutory fi	more than 90 days ling requirements	optional) safter filing.) Pursu s. this date will n	ant to 605.020 of be listed a
cord specifie s filed.	s a delayed effecti	ive date, but no	ot an effective t	ime, at 12:01 a.i	n. on the earlier o	of: (b) The 90th	day after the
ed <u>Se</u> f	stember 27	· -	, <u>2021</u>				
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Filing Fee: \$25.00