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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA

Account Number : I20010000164 : (305)893-8989 Fax Number : (305)391-7717

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

NVC@miamidadelaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICAN HANCOCK LLC

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K. SALY

JUL - 9 2024

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: _ Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Pornprinya, Esq.
Name of Person
Law Office of Tony Pornprinya
Firm/Company
1555 NE 123 Street
Address
North Miami FL 33161
City/State and Zip Code
NVC@miamidadelaw.net
F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Pornprinya Name of Person Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

From: Law Offices Tony Pomprin

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

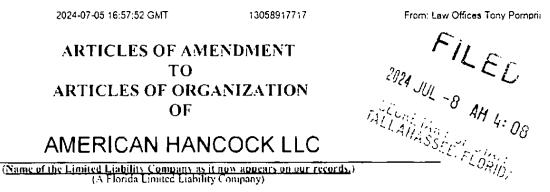
2024-07-05 16:57:52 GMT

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



AMERICAN HANCOCK LLC

The Articles of Organization for this Limited Liability Company were filed on ___08/17/2021 and assigned Florida document number _ L21000369929 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: (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: Ente: 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 Changing Registered Agent, Signature of New Registered Agent

_, Florida _

(((H24000229728.3))) ed Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2024-07-05 16:57:52 GMT

MGR = Manager AMBR = Authorized Member

Page: 5 of 6

<u>Title</u>	Name	Address	Type of Action
MGR	YANG, XIN	5846 S FLAMINGO ROAD #306	3 □Add
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			□Change
MGR	LIU, YIXIN	5846 S FLAMINGO ROAD #306	□Add
		COOPER CITY, FL 33330	Kemove
AMBR	AMERICAN HANTEL LLC	5846 S FLAMINGO ROAD #306	√ Add
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