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(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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T. MATTHEWS FEB - 9 2022

COVER LETTER

TO: Registration Se Division of Cor			
HITEA LL	С	•	1
SUBJECT: .			
•	Name of Limi	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:	
	LOLA LIU		
		Name of Person	
	HITEA LLC		
		Firm/Company	
	5125 CYPRESS CREEK D	PR.	
		Address	
	ORLANDO FL, 32811		
	HITEAWELCOME@GMA	City/State and Zip Code HL.COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	concerning this matter, please ca	all:	
LOLA LIU		319 491-1312	
	45	at ()	Telephone Number
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Addres	<u>ss:</u>	Street Address:	
Registration		Registration Sec	etion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

HI TEA LLC			22 FET -1 PM 12: 32
(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears on ou bility Company)	ır records.)
he Articles of Organization for this Limited L lorida document number		rere filed on	21 and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liabili	tv company here:	
ne new name must be distinguishable and contain the	words "Limited Liability	y Company," the designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	1425 TUSKAWILLA RD, U	INIT 173, WINTER SPRING, 32708
Principal office address MUST BE A STRE	ET ADDRESS)		
and the second s		1425 TUSKAWILLA RD, U	INIT 173, WINTER SPRING, 32708
nter new mailing address, if applicable:	: B		
Mailing address MAY BE A POST OFFICE	<u>BUX)</u>		
3. If amending the registered agent and/or gent and/or the new registered office addre	_	ldress on our record	s, enter the name of the new registe
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	1425 TUSKAWII	LA RD, UNIT 173	
		Enter Florida str	
	WINTER SPRIN	<u> </u>	, Florida
		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
LP	DONG, PENG	12072 IMAGINARY WAY, ORLANDO, FL. 32832	□Add
			= Remove
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te: If the date inserted in this block	does not meet the app	licable statutory fili	ng requirements, this	date will not be listed a
cument's effective date on the Depar	tment of State's recor	ds.		
record specifies a delayed ef The 90th day after the record		not an effective	time, at 12:01 a	.m. on the earlier
JANUARY 21	2022			
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Sign	nature of a member or at	unorized representativ	e of a member	