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COVER LETTER

TO:

Registration Section
Division of Corporations

Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Yvonne Chen Name of Person Chen & Holness, LLC Firm/Company 5850 Coral Ridge Dr. #102 Address Coral Springs, FL 33076 City/State and Zip Lode parkland_fl@ikumon.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yvonne Chen Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc		& Holness, LLC		
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Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	Registration Division of P.O. Box 6:	n Section Corporations 327	Registration Se Division of Co The Centre of T	rporations Fallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chen & Floiness, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	sany were filed on	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 I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	ne name of the new register
Name of New Registered Agent:	, 	
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	F101	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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			□Change
			□Add
		 	□Remove
			☐ Change
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			□Remove

feetive date, if other than the date of filing: 106/01/2022	and for all other uses incident	al thereto.
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