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2022 APR -S AH 7: 52

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
APR 1 9 2022

COVER LETTER

Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Crystal Lakes I LLC Firm/Company
25941 US HWY 19 N # 16642
City State and Zip Code Xiu. w. ni @ gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be us of for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 424 - 8890 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status Scriffied Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT LED TO TO ARTICLES OF ORGANIZATION OF 2022 APR -5 AH 7: 52

Crystal Lakes I	ability Company as it now a	SECRETARY OF S TALLAHASSEE Oppens on our records.)	STATE , FL
The Articles of Organization for this Limited Liabili Florida document number <u>L 2200003376</u>	ty Company were filed o		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability compa	ny here:	
The new name must be distinguishable and contain the words	"Limited Liability Company,	"the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist		our records, enter the	name of the new registered
agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enr	r Florida street address	
	i,na		
-	City	, Florida	a 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, 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
AMBR	Dai Qi Zheng	25941 US HWY 19 N #166	<u>42</u> (X Add
	· ·	Clearwater, FL 33766	□Remove
			🗆 Change
AMBR	<u>Xiu Wen Ni</u>	25941 US HWY 19 N # 160	H2 XINdd
		Clearwater, FL 33766	🗆 Remove
			· Change
			🗆 Add
			🗆 Remove
			[] Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	e
Dated 3/30/22 Signature of a member or authorized representative of a member	
_ 42°	
Xiu wen Ni Typed or printed name of signee	

Filing Fee: \$25.00