## 122000055243

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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T. MATTHEWS
MAR - 3 2022

## **COVER LETTER**

	ion Section of Corporations				
	ERHOUSE 11361 LL	2			
SUBJECT.		Name of Limit	ed Liability Company		
The enclosed Artic	les of Amendment and	fee(s) are subm	uitted for filing.	•	
Please return all co	rrespondence concerni	ng this matter to	the following:		
	MING ZHU	ANG			
			Name of Person	·	
	<del></del>		Firm/Company		
	5645 CORAI	. RIDGE DRIV	Æ, #288		
			Address		
	CORAL SPR	INGS, FL3307	6		
		JANG@YAHO			
For further informa	E- tion concerning this ma		be used for future annual i	eport notification)	<del></del>
MING P. ZHUAN	G .		954 61.	2-2554	
N	ame of Person		at () Area Code	Daytime Telepho	one Number
Enclosed is a check	for the following amou	unt:			
<b>≡</b> \$25.00 Filing F	ee 🔲 \$30.00 Fili Certificate	ng Fee & e of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registrat	ddress: ion Section		Street Ad		
	of Corporations			tion Section of Corporatio	ns
P.O. Box	6327		The Cen	tre of Tallahas	see
Fallahass	see, FL 32314		2415 N.	Monroe Street	, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FED 23 PM 12: 07

(Name of the Limited Liability Con		
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number 1.22000055243	my were filed on 02/01/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	he 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)		
ording datasess SIAT BE A POST OF FICE BOAY		
3. If amending the registered agent and/or registered offic	ce address on our records, enter the	name of the new registe
Name of New Registered Agent:		
Name of New Registered Agent:		
	Enter Florida street address	
Name of New Registered Agent:		
	Enter Florida street address, Florid	aZip Code
Name of New Registered Agent:	City	aZip Code

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	MINGZ	HUANG AND	LINCONGXIA	REVOGABLE	TRUST	□Add
		Add:	11320 NW	77 Place,	Parkland	FL33:70	ZRemove
							□Change
-	AMBR	MING	ZHUANG A	ND LINCONG	XXA REVO	CABLE LI	NNG TRUST
A		Add:	11320 NM	77 place	Parkland	FL 33:76	Remove
							Change
			<del></del>				□Add
							□Remove
				<del></del>			□Change
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M. S.		·		<del></del>			
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in effective date	if other than the is listed, the date me inserted in this	nust be specifie ar	nd cannot be prior	r to date of tiling c	r more than 90 d	avs after filing t	Pursuant to 605.020 vill not be listed a
cument's effec	ctive date on the	Department of	State's records		ing requireme	ins, tins date s	viii not be fisted a
ecord specifies	a delayed effect	ive date, but no	ot an effective ti	ime, at 12:01 a.r	n, on the earlie	r of: (b) The	90th day after the
is filed.	, –		2022				
is filed.	1/1/	<del></del>		<u> </u>			
is filed.	<u> </u>	1		_ ·			
is filed.	X	Signature of a		orized representat	ina aca in the		

Filing Fee: \$25.00