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T. MATTHEWS JUN 1 3 2022

COVER LETTER

Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and Fee(s) are submitted fee(s) ar
SUBJECT: SHIN FN TEA.LLC 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:
HCUYU CHEN
SHIN EN TEA, LLC Firm/Company
125 S. STATE ROAD 7, SUITE 104-319 Address
WELLINGTON, FL. 33414 City/State and Zip Code
SHINENTEA@GMAIL.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please eall:
HOUYU CHEN at (S61) 290 2363 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SHIN EN TEA, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Co		108/2022 and assigned
Florida document number <u>L2200067171</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	mation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		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 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	K <u>ENSUKE KAMIZO</u> NO	125 S. STATE ROAD 7.	
		SUITE 104-319	□Remove
		WELLINGTON, FL 33414	DChange
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(If an effect <u>Note:</u> If	the date, if other than the date of filing:	
ne record s ord is filed	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	he
Dated _	4/20 . 2022	
	tod	
	Signature of a member or authorized representative of a member	