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DIVISION OF CORPORATION

22 MAY -2 AM 9: 27

T. MATTHEWS
JUN 2 3 2022

COVER LETTER

TO: Registration Se Division of Co					
Yip Sunrise	e LLC				
SUBJECT:	Name of Live	ited Liability Company			
	Name of Emi	ned madinty Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Filbert Ip				
		Name of Person			
	Yip Sunrise LLC				
		Firm/Company			
	8525 Pines Blvd				
		Address			
	Pembroke Pines, FL 33024	,			
	fil.s.ip@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annua	l report notificatio	n)	
For further information	concerning this matter, please c	all:			
Filbert lp			7-7730		
Name	of Person	at () Area Code	Daytime Tele	phone Number	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street A			
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 63	27	The Co	entre of Tallal	nassee	
Tallahassee.	FL 32314	2415 N	N. Monroe Str	eet, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED STAFF OF STAFF OF

Yip Sunrise LLC

22 MAY -2 AM 9: 27

(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 Company were filed on February 11, 2022 and assigned Florida document number _______ 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 veing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

___, Florida ___

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> MGR	Name Tsz. Leung Shum	Address 8525 Pines Blvd	Type of Action
		Pembrok Pines, FL 33024	
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fective date, if other than the neffective date is listed, the date in	ne date of filing:	rior to date of filing or m	ore than 90 days after fili	al) ng.) Pursuant to 605.020
te: If the date inserted in this temperates effective date on the	block does not meet the app	olicable statutory filing	g requirements, this d	ate will not be listed as
ecord specifies a delayed effecti is filed.	ive date, but not an effectiv	e time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the
April 26	2022			
ted		·		
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-41				
Attu	Mgnature of a member or a	uthorized representative	of a member	