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SECRITARY OF CORPORATIONS

22 APR 21 AM11: 27

T. MATTHEWS

JUN - 6 2022

COVER LETTER

TO:		istration Se sion of Cor			
CHINA	ricor.		rprise USA LLC		
SUBJECT: Name of Limited Liability Company					
The er	nclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return	all correspo	ndence concerning this matter	to the following:	
			Stephanie Goebel		
				Name of Person	
			Zen Buiness		
				Firm/Company	
			5511 Parkerest Drive, Ste. 103		
			Address		
			Austin, TX 78731		
				City/State and Zip Code	
			fulfillment@zenbusiness.co		
				to be used for future annual report notif	ication)
For fur	rther in	formation co	oncerning this matter, please ca	all:	
Stepha	anie Ge	oebel		844 493-6249 at ()	
		Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a	check for th	e following amount:		
■ \$2	25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 21 AH 11: 27

Cinco	Ente	rprise	USA	1,1	Э.
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(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 Compar	ny were filed on 03/03/2022	and assigned
Florida document number 1.22000109701		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	382 NE 191st St PMB 75097 Miam	i, FL 33179
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	382 NE 191st St PMB 75097 Miam	i, FL 33179
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
		l
	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 a 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
			☐ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Add
		 	□ Remove
		-	☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
			□ Change

D. If amending any other in	formation, enter change(s) here: (Attaci	h additional sheets, if necessary.)
		
		
		
		
	-	
		
		
		
		
F. Effective date if other than	on the date of filing:	(antional)
Note: If the date inserted in	ate must be specific and cannot be prior to date of fi this block does not meet the applicable statut the Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 (3)6 ory filing requirements, this date will not be listed as the
If the record specifies a de (b) The 90th day after th		ective time, at 12:01 a.m. on the earlier of:
Dated April 12	. 2022	
/s/ Mohammed	Aladdin	
	Signature of a member or authorized repre	sentative of a member
Mohammed Alad	din	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00