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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Co			
SUBJECT:	He fat sheep	Realby LLC'	
	Name of Lin	nited Liability Company	2 OC
			T31
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	2022 OCT 31 PH 2: 39 SECRETARY SECURITY
		X HAO ZHANG. Name of Person	39
		Firm/Company	
	6805 We	est Commorcial Bl	vd # 1044
	Tanarac	FL 33319	·
	Royal B E-mail address: (City/State and Zip Code 4 Het miami (a) Smo to be used for future annual report notif	il. com.
For further information c	oncerning this matter, please c	all:	
Name o	O ZHANG i Person	at (305) 546 3 Area Code Daytimo	Telephone Number
Inclosed is a check for th	ne following amount:		
\$25.00 Filing 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Corp	porations
P.O. Box 632	1	The Centre of T.	ananassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little fat s	hered Really LL	- <u>(</u>		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) pany)		
The Articles of Organization for this Limited I		on 3/6/20	22 and assig	gned
Florida document number <u>L22000</u>	129949		202 SE	
This amendment is submitted to amend the fol			2 OCT	6 g
A. If amending name, enter the new name of	of the limited liability compa	ny here:	<u>运货</u> <u>3</u>	1
				y
The new name must be distinguishable and contain the	words "Limited Liability Company."	"the designation "LLC" or the	e abbreviation L.L.	<u>Carly</u>
Enter new principal offices address, if appli	cable: 1805 (vest Commercio	1 BHUCKET	1044
Principal office address MUST BE A STRE	0,4	7 07-10	7	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) (amara	vest commerci u FL 333	al Bluch #	-1044
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the n</u>	ame of the new	registered
Name of New Registered Agent:	XIAO ZHAM	NG.		_
New Registered Office Address:		NN EXCLA BWO er Florida street address	#1044	
	<u>Tamarac</u>	, Florida	333 Zip Code	<u> </u>

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

Title	Name	Address	Type of Action
MBR.	XHO ZHANG	805 West commercial Bludt	HOHHADA
		Tamarac FL 33319	□Remove
			Change
			□Add
			□Remove
			□ Change
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