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то:	Registration S Division of Co	rporations	a ¹	
CHILL I	rer.	POKHANKHUAL	LLC	• • • • • • • • • • • • • • • • • • •
SUBJ	r.(, t ;		ited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	ondence concerning this matter	to the following:	
		THANG	S HANG	
			Name of Person	
			Firm/Company	
	•	400 N	NW 76th TER Address	
		PEMBRO Zokhank E-mail address: (1	KE PINES, FL 3 City/State and Zip Code huole gmail (C) to be used for future annual report notifi	3024)M fication)
For fur	ther information (concerning this matter, please ca	att:	
		S HANG	at (<u>786)</u> <u>213</u> Area Code Daytimo	~ 2808 e Telephone Number
Enclos	ed is a check for t	the following amount:		
□ S 2	5.00 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)
			ea. a.A.D	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

JAKHANKHUAL

(Name of the Limited Liability Comp	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000174524</u> This amendment is submitted to amend the following:	<u>.</u>
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 Lial	ability Company," the designation "L.L.C" or the abbreviation "L.LC."
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 agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 Type of Action Address Title Name 400 NW 76 th TER DANG THANG S NUAM PEMBRORE PINES, FL 33024 X remove ___ Change THANG S NUAM 400 NW 76th TER XADD

PEMBROKE PINES, FL 33024 Remove MGR _____ □Change _____ □Remove ____ □Change _____ □Add □Change _____ □Add _____ □Remove □Add

□ Change

1.