LULU 13977

((Requestor's Name)	
	(Address)	
`	(nudicoo)	
((Address)	
	(City/State/Zip/Phone #)	
,	(-14), -1411	
PICK-UP	WAIT	MAIL
((Business Entity Name)	
((Document Number)	
Certified Copies	Certificates of Status	
	· · ·	
Special Instructions to	Filing Officer:	

Office Use Only



000394516950

2022 SEP 16 AM 6: 21
STANKEN OF STATE

2022 **257** 16 PH 3:45

A. BUTLER SEP 2 0 2022

¹ 2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from account: 120210000160 / Authorization Signature:	Amount: \$ <u>25.00</u>
Authorization Signature: Jutle 8410 Flagler LLC L22000193977	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s)	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
	Articles of Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filing
Dr. A.A. XX	Limited Partnership
Fictitious Name ARTICLES OF CORRECTION	Reinstatement
APOSTIL()	Other
Country	

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:_____

COVER LETTER

TO:

	Registration Sec Division of Corp			
	8410 Flagle			
SUBJEC	л:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Jacob Zhang		
			Name of Person	
			Firm/Company	
		12905 SW 42nd St Unit 22	Address	
		Miami, FL 33175	Address	
			City/State and Zip Code	
		confirmation@ivy-cpa.com E-mail address: (I	to be used for future annual report notif	fication)
For furth	ner information c	oncerning this matter, please or	all:	
Ye Zhan	<u> </u>		305 310-0315	
	Name of	f Person	Area Code Daytim	c Telephone Number
Enclosed	l is a check for th	e 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 Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section of Corollins Controlling The Centre of Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP 16 AM 6: 21 8410 Flagler LLC (Name of the Limited Linbility Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETURY OF STATE
TALLAHASSEC. FL The Articles of Organization for this Limited Liability Company were filed on 4/22/2022 Florida document number 1.22000193977 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 _, Florida __ City

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
AMBR	LI, HONGMEI	8410 W FLAGLER ST STE 206	□Add
		MIAMI, FL 33144	≣Remove
AMBR	ZHANG, YE	8410 W FLAGLER ST STE 206	
		MIAMI, FL 33144	□Remove
			Change
			□ Add
			□Remove
			☐ Change
, , , , , , , , , , , , , , , , , , , 			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
		***	□Remove
			☐ Change
			□ Add
			□Remove
			□Change

				.
				<u></u>
 				
	, , , , , , , , , , , , , , , , , , , 			
				
				
				· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other that (If an effective date is listed, the date	n the date of filing:	prior to date of filing or more	(optional)	1 to 605.02
	his block does not meet the ap	oplicable statutory filing re	equirements, this date will not	
	·			
If the record specifies a delayed el record is filed.	fective date, but not an effecti	ve time, at 12:01 a.m. on	he earlier of: (b) The 90th da	ay after th
Dated Sept 16	2022	<u>.</u>		