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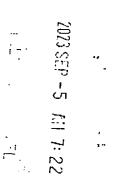
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COVER LETTER

TO: Registration So Division of Cor	•		s.	
818-TAMF	PA LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
	ondence concerning this matter	-		
	ANDY B LAI, CPA			
		Name of Person		
	LAL& COMPANY CPA,	PLLC		
		Firm/Company	- •	
	7850 ULMERTON RD S	ΓΕ 7A		
		Address		
	LARGO, FL 33771			
		City/State and Zip Code		
	ANDYLAI@LAICOCPA.			
For further information c	n-mail address: (concerning this matter, please c	to be used for future annual report no all:	ottication)	
ANDY LAI, CPA		727 592-0678		
Name e	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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		Street Address:		
Registration !		Registration S		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee,		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\$18 TAMPA LLC (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 $\frac{05/16/2022}{1}$ Florida document number L22000226943 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 "L1.C" or the abbreviation "L1.C." 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 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
AMBR	WEN GUO XIONG	2501 E FOWLER AVE. TAMPA, FL 33612	= Add
			□Remove
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record specifies a delayed effective d I is filed.	late, but not an effective t	time, at 12:01 a.m. o	n the earlier of: (b) Th	e 90th day after the
August 15	2023			
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121000				
Pers C	gnature of a member or auth	horized representative of	of a member	