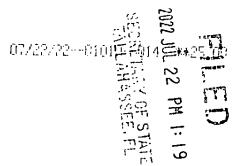
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A. BUTLER
JUL 2 2 2022

## **COVER LETTER**

Division of Corp			
conver Liv	TIAN 88 LLC		
SORIECT:	Name of Limite	ed Liability Company	
The maken of Agricles of A	Amendment and feets) are subtr	nitted for filing.	
Please return all correspor	idence concerning this matter to	o the following:	
	YUN Y	W LIN Name of Person	
Division of Corporations  SUBJECT:LINTIAN 88L_C Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:			
	350/NP	ONCE DE LEON Address	BLVD StORZ#H
	St. AUGU:	STINE FLORIDA  City/State and Zip Code	32084
	50405772 E-mail address: (0	49 LI & GM 41 ( . Co be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	dl:	
Y LW YAN		at 216 526	- 2515
Name o	f Person	Area Code Daytim	e Telephone Number
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
			ection
_		Division of Co	rporations
P.O. Box 633	27	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 22 PM 1: 19 (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALL AHASSEE, FL

or this Limited Liability Company were filed on

07-0/-20

and as: The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number <u>L22 000 30 50 44</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LINTIAN 89 LLC 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 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
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fan effectiv <u>Sote:</u> If tl	late, if other than the date of filing:	i05.0207 isted as
record sp d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
ated	07-22 2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00