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COVER LETTER 12200035/8/6

	ion of Cor				
SUBJECT: _	lin Enterpri		ited Liability Company		_
		Name of Lim	иса сластку с отрану		
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	all correspo	ndence concerning this matter	to the following:		
		ZiQing Jm			
			Name of Person		
		Jin Enterprise LLC			
			Firm/Company		
		1433 Gulf to Bay Blvd STI	EE		
			Address		
		Clearwater FL 33755			
			City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	_
For further info	ormation co	oncerning this matter, please ca	ill:		
Marco A Victo	orino		626 890- at ()		
	Name of	Person	Area Code	Daytime Telephone Nun	iber
Enclosed is a c	check for th	ne following amount:			
□ \$25,00 Fil	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif ed) Certif	Filing Fee. ficate of Status & fied Copy onal copy is enclosed
<u>Maili</u>	ng Addres	<u>s:</u>	Street Add	ress:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT 1220003518(6) TO ARTICLES OF ORGANIZATION OF

Jin Enterprise LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on <u>08-12-2022</u>	and assigned
Florida document number <u>L22000351816</u>		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" o	r the abbreviation "L.L.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)		
 If amending the registered agent and/or registered offic gent and/or the new registered office address here: 	e address on our records, <u>enter the</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	da
	City	Zip Code

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 hability 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
MGR	ZiQing Jin	 	
			□Remove
			■Change
			□Add
			□Remove
			□ Clumge
			□Adđ
			□Remove
			□Change
			□Remove
			□Change
-			
			Петюче
			□Clunge
			
			□Remove



Please change to Last nam	:= Jin and th	ie first name :	= ZiQing				
Thank you			-				
							
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fective date, if other than the effective date is listed, the date in ote; If the date inserted in this ocument's effective date on the	block does no	ot meet the ap	oplicable sta	f filing or more outory filing re	than 90 days after equirements, th	ional) r (iling.) Pursuant is date will not b	to 605.0207 () be listed as th
ecord specifies a delayed effec is filed.	ive date, but	not an effecti	ve time, at	2:01 a.m. on	he carlier of: (l	b) The 90th day	y after the
August 17th		2022	·				
	Z	1 R h x 6	J.,		n member		