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#### **COVER LETTER**

TO:

Tallahassee, FL 32314

| .ct:                          |  | ited Liability Company  |  |   |
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| return un correspo            | nachee concerning the thance   |   |  |   |
|                               | XINGCONG WANG  |   |  |   |
|                               |  | Name of Person  |  |   |
|                               | JINOU LLC  |   |  | f Status &<br>py  |
|                               |  | Firm/Company  |  | 22  |
|                               | 62 MOORE AVE   |   |  | aug<br>Buk  |
|                               |  | Address   | ·  | 9   |
|                               | MERRITT ISLAND, FL   | 35952   |  | PH 3  |
|                               |  | City/State and Zip Code   |  | : +5  |
|                               | unerrorwang@gmail.com<br>E-mail address: ()  | to be used for future annual renor  | t notification)  |   |
| ther information c            |  |   | ,  |   |
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| 5.00 Filing Fee               | ■ \$30,00 Filing Fee & Certificate of Status   | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | Certificate (<br>Certified Co  | of Status &   |
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| Division of C<br>P.O. Box 632 | -  |   |  |   |
|                               | Division of Cor  JINOU LL  CCT:  closed Articles of return all correspondence of the cor | Name of Lim  closed Articles of Amendment and fee(s) are sub return all correspondence concerning this matter  XINGCONG WANG  JINOU LLC  62 MOORE AVE  MERRITT ISLAND , FL :  unerrorwang@gmail.com  E-mail address: ( ther information concerning this matter, please of the concerning this matter, please of the concerning this matter, please of the concerning this matter. Some set is a check for the following amount:  5.00 Filing Fee  \$ \$30.00 Filing Fee & Certificate of Status  Mailing Address: Registration Section Division of Corporations | Division of Corporations  JINOU LLC  Name of Limited Liability Company  Plosed Articles of Amendment and fee(s) are submitted for filing.  Return all correspondence concerning this matter to the following:  XINGCONG WANG  Name of Person  JINOU LLC  Firm/Company  62 MOORE AVE  Address  MERRITT ISLAND . FL 35952  City/State and Zip Code unerrorwang@gmail.com  E-mail address: (to be used for future annual report their information concerning this matter, please call:  CONG WANG  Name of Person  Area Code  Defining Fee  Certificate of Status  Mailing Address:  Registration Section Division of Corporations  Street Address  Registration Division of Division Division Division Division of Division D | Division of Corporations  JINOU LLC  Name of Limited Liability Company  Placed Articles of Amendment and Fee(s) are submitted for filing.  Return all correspondence concerning this matter to the following:  XINGCONG WANG  Name of Person  JINOU LLC  Finn/Company  62 MOORE AVE  Address  MERRITT ISLAND , FL 35952  City/State and Zip Code  uncertor-wang@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  CONG WANG  Name of Person  at ( |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| bility Company as it now appears on our records.)    |   |
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| orida Limited Liability Company)                     |   |
| y Company were filed on 08/09/2022                   | and assigned  |
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| imited liability company here:                       |   |
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| Limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C."   |
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|  | ered office address on our records, enter the ee:  Enter Florida street address |

#### New Registered Agent's Signature, if changing Registered Agent:

102/01/11/0

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        | Address     | Type of Action |
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| on effective date is listed of the insert | , the date must be specif<br>ed in this block does | fic and cannot be pr<br>not meet the app | ior to date of filing<br>dicable statutory | or more than 90 day:<br>filing requirement | s after filing.) Pursuant<br>s. this date will not b | io 605.0<br>e liste |
| ocument's effective da                    | ite on the Departmen                               | nt of State's recor                      | ds.  |  |  |                     |
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| 11/0/                                     | J. LANG CONG J.                                    | -2 21                                    |  |  |  |                     |