L22000364382

(Requestor's Na	ame)
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(City/State/Zip/F	Phone #)
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(Business Entity	/ Name)
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2022 AUG 29 PH 1: 39 SECRETARY OF STATE

COVER LETTER

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FO: Registration So Division of Con			RETARY OF
11:10 11:777	FLY CEO LLC		NO P III
	PILED 2022 AUG 29 PH 1:39 SEGRETARY OF STATE SEGRETARY OF STATE		
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	• • •
lease return all correspo	ondence concerning this matter	to the following:	
	Youshan Zhao		
		Name of Person	-
	CPA Services		
	Firm/Company		-
	618 Osprey Lakes Cir		
		Address	-
	Chuluota, FL 32766		
		City/State and Zip Code	-
	cheukmina@gmail.com	to be used for future annual report notification)	
or further information c	oncerning this matter, please e		
oushan Zhao		724 557-8193 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
inclosed is a check for t	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 29 PH 1:39
SECRETARY OF STATE
TALLAHASSEE. FL

(<u>Name of the Limited Liability C</u> (A Florida Lin	nompany as it now appears on our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000364382</u>	inpany were filed on $\frac{8/18/2022}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7 Broadriver Road, Ormond Beach , FL 32174, US
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed f	Authorized Person(s) authorized to rom our records:	manage, <u>enter the title, name, a</u>	nd address of each person being added
MGR = Ma AMBR = Au	mager thorized Member		29 PH ARY OF AHASSE
<u>Title</u>	<u>Name</u>	Address	Type of Action Add
			Remove
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Page 2 of 3

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Effective date, if other than	the date of filing: 8/26/2022	(optional)
(If an effective date is listed, the date	must be specific and cannot be prior to date of filing or r s block does not meet the applicable statutory filin	more than 90 days after filing.) Pursuant to 605 0207 (
document's effective date on the	e Department of State's records.	ng requirements, this date will not be fisted as the
the record specifies a dela) The 90th day after the	yed effective date, but not an effective record is filed.	time, at 12:01 a.m. on the earlier of:
Dated	2022	
	minaches	
	Signature of a member or authorized representative	e of a member
Mina Cheuk		
Pina Cicux	Typed or printed name of signee	