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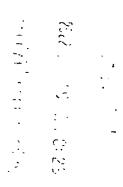
A. RIVERS

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COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT:	And	OTHEN L.L.C.		
SUBJECT.		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	William Shen			
		Name of Person		
		Firm/Company		
	1020 Minnesota Ave #8			
		Address		
	Winter Park, FL 32789			
	william@sorekaragroup.			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)	
William Shen		at (201) 2054054		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	S30.00 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 Address: Registration Section		Street Address: Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 632		The Centre of T		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDTHEN L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L22000385916	Company were filed on 8:00AM Septer	nber 01, 20	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbr	eviation "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	60	atha aama		المستحدة والأشارة والمستحدد
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		Tice name	of the new	w registered
Name of New Registered Agent:		De Sant	of the new	w registered
agent and/or the new registered office address here	: Enter Florida street addre	an Si	of the new	registered
Name of New Registered Agent:	: Enter Florida street addre	TALL AN	20/2 (11/13)	
Name of New Registered Agent:	: Enter Florida street addre	IAC DA VEST POR 1998	25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11

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	Johnny Tung	10090 Brandon Circle Orlando, FL 32836	ති Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			
			□Remove
			□Change

			□Remove
			□ Change

•	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
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10.0	
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the light	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(1) block does not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effecti ecord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 14	. 2022
	Signature of a member or authorized representative of a member
	William Shen Typed or printed name of signee