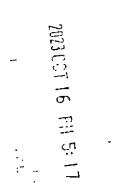
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Office Use Only

1 10/23/2023

COVER LETTER

TO:

| SUBJEC | T: | Name of Lim | ited Liability Company | |
|-----------|---|--|--|--|
| The encl | Division of Corporations SHAOMIN GROUP L.L.C Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Ilease return all correspondence concerning this matter to the following: BJ Storm Name of Person Firm/Company 3204 Thackery way Address Plant City, FL 33566 City/State and Zip Code bstorm! 515@gmail.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: 3J Storm 1623 Name of Person Occurrence of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certificat Copy (additional copy is enclosed) | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | BJ Storm | | |
| | | | Name of Person | |
| | SHAOMIN GROUP L.L.C The state of Limited Liability Company Insert Address Plant City, FL 33566 City/State and Zip Code bstorm1515@gmail.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Mailing Fee \$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations Division of Corpo | | | |
| | | SHAOMIN GROUP L.L.C Name of Limited Liability Company | | |
| | | Plant City, FL 33566 | Address | |
| | | | City/State and Zin Code | |
| | | bstorm1515@gmail.com | | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For furth | ner information co | oncerning this matter, please ca | all: | |
| BJ Storn | n | | at () | |
| | Name o | l Person | Area Code Daytim | e Telephone Number |
| Enclosed | d is a check for th | ic following amount: | | |
| □ \$25. | .00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | ction |
| | - | | - | |
| | P.O. Box 632 | 7 | | |
| | Tallahassee, I | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 COT 16 PH 5: 17

| Shaomin Group LLC | | |
|--|---|---|
| (Name of the Limited Liability | Company as it now appears on ou Limited Liability Company) | r records.) |
| (A Fiolida L | Emited Enterity Company) | |
| The Articles of Organization for this Limited Liability Co | mpany were filed on 09/16/202 | 22 and assigned |
| Florida document numberL22000404867 | | |
| riorida document fidinoci | _· | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRI | ESS) | |
| | | |
| | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
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| | | |
| B. If amending the registered agent and/or registered | office address on our record | s, <u>enter the name of the new registered</u> |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida stre | vet address |
| | | . Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered | Agent: | |
| | | in I firether garea to comply with the |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co | ma agree to act in this capac molete performance of my d | uy, 1 juriner agree to comply wan the uties, and I am familiar with and |
| accept the obligations of my position as registered ag | ent as provided for in Chapt | er 605, F.S. Or, if this document is |
| being filed to merely reflect a change in the registered | d office address, I hereby cor | ifirm 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--|----------------|
| Ambr | BJ Storm | 1805 James L Redman Parkway Ste 201PLANT CIT | °Y. ≣Add |
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| Affective date, if other than the defactive date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department. | se specific and cannot be priock does not meet the applic | r to date of filing or more to cable statutory filing re- | (optional) han 90 days after filing.) Pursua quirements, this date will no | int to 605.0207 (of be listed as t |
| record specifies a delayed effective d is filed. | date, but not an effective t | ime, at 12:01 a.m. on t | he earlier of: (b) The 90th | day after the |
| October 10 | 2023 | | | |
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| Shala mint | ignature of a member or auth | | | |

Filing Fee: \$25.00