## L22000404867

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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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09/04/24--01037--005 ++30.00



05/04/24

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
Change of	•			
SUBJECT:	Name of Lim	ited Liability Company		<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BJ Storm			
		Name of Person		<del></del>
	Shaomin Group LLC			
		Firm/Company		
	2826 Lakeland Highland ro	i		
		Address		<del></del>
	Lakeland FL 33566			
		City/State and Zip Code		
	bstorm1515@gmail.com			
	E-mail address: (	to be used for future annual	report notification)	<del>de la composition de</del>
For further information of	oncerning this matter, please ca	all:		
BJ Storm			5-7975	
Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres		Street Ac		
Registration Division of C			ation Section n of Corporations	
P.O. Box 632			ntre of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shaomin Group LLC						
(Name of the Lim	ted Liability Compa (A Florida Limited	ny as it now appears on our r Liability Company)	records.)		_	
The Articles of Organization for this Limited Liability Company were filed on 09/16/2022  Florida document number L22000404867				and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the		lity Company, the designation	"LLC" or the ab	breviatio	ù ilmr	٠.``
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDREST		2826 Lakeland Highland	rd		<del>, ^</del>	
(Principal Office dadress MOST BE A STREE	ST ADDRESS)	Lakeland FL 33803			<u>;</u>	•
Enter new mailing address, if applicable:		2826 Lakeland Highland	rd		OI W	
(Muiling address MAY BE A POST OFFICE BOX)		Lakeland FL 33803		芦荟	26	
		<del> </del>		<u> </u>	<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addre	• •	address on our records, <u>c</u>	enter the nam	e of the	new r	egistere
Name of New Registered Agent:						
New Registered Office Address:	2826 Lakeland	Highland rd				
		Enter Florida street e	address			
	Lakeland		_, Florida <u><sup>338</sup></u>		<del></del>	
Non-Book and American Science of the	Danistan d Assault	City		Zip C	ode	
New Registered Agent's Signature, if changing	•					
I hereby accept the appointment as register provisions of all statutes relative to the proj						

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
AMBR	BJ Storm	2826 Lakeland Highland rd Lakeland FL 33566	🗆 Add
			Remove
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	August 31 2024	4	
	ast be specific and cannot be prior to date of filing		ing.) Pursuant to 605.020
ote: If the date inserted in this learnest's effective date on the	block does not meet the applicable statutory to Department of State's records.	filing requirements, this d	ate will not be listed as
	ve date, but not an effective time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
is filed.			
	2024		
August 31			
ated August 31  BJ Storm	Shaomin BI Signature of a member or authorized representa		

Filing Fee: \$25.00

## **DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: Certificate of Acknowledgement	
Document Date: <u>09/01/2024</u>	
Number of Pages (including notarial certificate): 7	

State of Florida

County of Orange County

This foregoing instrument was acknowledged before me by means of online notarization, this O9/O1/2024 by Shaomin BI and BJ Storm.



\_\_\_\_ Personally Known OR \_\_\_\_\_Produced Identification

Type of Identification Produced <u>DRIVER LICENSE</u>

Notarized remotely online using communication technology via Proof.