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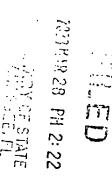
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R. HUNT 03/28/23

COVER LETTER

TO:

TO: Registration S Division of Co						
	ANK DRIVE LLC					
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub-	nitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	WINNIE NG					
		Name of Person				
	WINNIE NG, CPA P.C.				(e.)	
		Firm/Company	··· · · · · · · · · · · · · · · · · ·		رين بين مارز	
	1254 41ST STREET				3KLR 28 PM 2: 22	
		Address	· · · · · · · · · · · · · · · · · · ·	ー カベ - 公言 - 日音	وت	
	BROOKLYN, NY 11218			मध्य भिं	₹	į
	WINNG88@HOTMAIL.CO	City/State and Zip Code		JE	22	
	· ·	o be used for future annual report noti	fication)	•		
For further information	concerning this matter, please ca	ill:				
WINNIE NG, CPA		917 837-2802 at ()				
Name	of Person		e Telephone Numb	ег		
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Sta ed Copy al copy is en	tus &	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

7350 E BANK DRIVE LLC				
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our reco lity Company)	ords.)		
The Articles of Organization for this Limited Liability Company we	re filed on OCTOBER 24	, 2022	and ass	signed
Florida document number 1.22000456288				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "L	LC" or the abbrev	riation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			~3	
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				•••
Enter new mailing address, if applicable:	,	ئىي. ئى <u>ت</u>	50	* #1844 1
(Mailing address MAY BE A POST OFFICE BOX)			7	
_		S F	Ÿ	
		J.F.	22	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>ent</u>	er the name o	f the nev	w registe
Name of New Registered Agent:		.		
New Registered Office Address:				
	Enter Florida street add	lress		
		Florida		
	City		Zip Code	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	YAN S SHI		□Add
		20 HIDDEN RIDGE CT, SCARSDALE, NY 10583	Remove
			Change
 			□Add
			Remove 228
		SSEE, FL	Change;
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ffective date, if other than the an effective date is listed, the date in this ocument's effective date on the	block does not m	cannot be prior t seet the applica	o date of minus of a	onore than 90 days ang requirements,	ptional) fter filing.) Po this date wi	ursuant to 60 Il not be lis	5.0207 ted as
record specifies a delayed effect	ive date, but not	an effective tin	ne, at 12:01 a.m	on the earlier of	(b) The 9	0th day afte	er the
d is filed.		2023					
d is filed.	Re	31	- ·				

Filing Fee: \$25.00