Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CPLUSA TAX & ACCOUNTING INC

Account Number : I20190000090 Phone : (718)854-1989 Fax Number : (718)854-1947

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2	an	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

≦ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERIOUS DUMPLINGS HOLDING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERIOUS DUMPLINGS HOLDING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 27, 2022 __ and assigned Florida document number L22000462266 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 Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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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	WEILIN	10957 SW 25TH ST, MIAMI, FL 33165	
			□Remove
			Change
AMBR	WENFEI CHEN	10957 SW 25TH ST, MIAMI, FL 33165	□Add
			□Remove
			■ Change
			□Add
			□Remove
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o. II amen	iding any other is	nformation, enter o	change(s) here	: (Attach addi	itional sheets,	if necessary.)	
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Dated_	07/11		2023				
	~	Signature of a	Ruyun G	lang			
	^	Signature of a	menter or autho	rived representati	ve of a member		
			RUYUN Y	ANG			

Filing Fee: \$25.00

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Typed or printed name of signee