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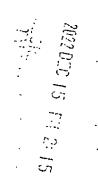
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COVER LETTER

	Registration S Division of Co.			·
CHID IDE		ALL 192 LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	· ·
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following.	
		CHRISTINE CHEW		
		<u> </u>	Name of Person	·
		CHRISTINE CHEW & AS	SSOCIATES INC	
			Firm/Company	
		539 N. MILLS AVE		
			Address	297
		ORLANDO, FL 32803		2.01 1.545
			City/State and Zip Code	5
		CCHEWINCORP@GMAII		
			to be used for future annual report no	inication) The second s
For furthe	er information c	concerning this matter, please co	all:	<u></u>
CHRISTI	NE CHEW		407 894-7259 at ()	.,
	Name o	f Person		ne Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 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 Addres		Street Address: Registration So	ection
Registration Section Division of Corporations		Division of Co		
I	P.O. Box 632	27	The Centre of	Tallahassee
-	Fallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT WALL 192 LLC		
(Name of the Limited Lia) (A Floo	oility Company as it now appears of ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{11/28}{1}$	3/2022 and assigned
Florida document number 1.22000500222		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here	: :
N/A		
The new name must be distinguishable and contain the words "I	imited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET AD	DRESS)	207
		2077.03
		· -
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
, , , , , , , , , , , , , , , , , , ,		, <u></u>
		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	:	ords, <u>enter the name of the new regist</u>
Name of New Registered Agent: N/A	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Floride	i street address
_		, Florida
	City	Zip Code

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

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, 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	CHEN, YU QIN	4433 13TH ST	
		SAINT CLOUD, FL 34769	■Remove
			□ Change
AMBR	CHEN, YUE QIN	4433 13TH ST	■Add
		SAINT CLOUD, FL 34769	🗀 Remove
			☐ Change
			□ Add
			Remove
			Add
			. G □Remove
			□ Change
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N/A			
			
 			
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If the date inserted in this bent's effective date on the	ust be specific and cannot be prior to date of plock does not meet the applicable stat Department of State's records.	tutory filing requirements, this	date will not be liste
led.		(-,	
12/12	2022		
	/ 4		
	(Inou 10)		
	Signature of a member or authorized rep	presentative of a member	