12/12/23, 12:10 PM

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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	: :: :: :: :: ::

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERIOUS DUMPLINGS BOCA RATON LLC

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Help

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	h ant recotary	
the Articles of Organization for this Limited Lial	bility Company were filed on DECE	EMBER 14, 2022	and assigned
orida document number L22000524636			
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of t	the limited fiability company here	:	
he new name must be distinguishable and contain the wo			ن ب
nter new principal offices address, if applica Principal office address MUST BE A STREET	ble:		
			:
nter new mailing address, if applicable:	<del></del>		<del></del>
Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or re seent and/or the new registered office address	gistered office address on our reco	ords, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:	EDDIE WANG		
New Registered Office Address:	9845 GLADES RD		
Tree Neglacian States	Enter Florida	street address	
	Boca Raton	, Florida	33434
	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.

H230004231393

# H23000423139 3

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

Title	Name	Address	Type of Action
MGR	WEILIN	9815 GLADES RD, BOCA RATON, FL 33434	EAdd
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			Change
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record spec d is filed.	ifies a delayed effec	nive date, but no	t <b>an effe</b> ctive tin	ne, at 12:01 a.c	on the earlier of:	(b) The 90th day afte	rth
	12/11		, 2023_				
Dated				-			
Dated			-7				
Dated	× 4/	<u> </u>	member or Military	ixed representative	of a member		

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