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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ross (reek	Coin Laurd	y LLC
	Name of Limited	Liability Company	
		v. J. C GU	
	Amendment and fee(s) are submit		
Please return all correspon	ndence concerning this matter to	the following:	
	<u>Ju</u>	n Zhang Name of Person	
	(ross (t	Name of Person Person Firm/Company	iundry LL C
	1210 Capita	Firm/Company Address	E. Suite I
	, ,	Address	1
	Tall ahassee	FL 3230	<u> </u>
	Jun Zhai E-mail address: (to b	City/State and Zip Code 1111	Lahou, com cation)
For further information of	oncerning this matter, please call:	:	
Jun	Zhung Person	at (850) 65	62726
Name o	l' Person	Area Code Daytime	Telephone (Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Sec	rtion
Registration S Division of C		Division of Con	
P.O. Box 632	.7	The Centre of T	
Tallahassee,	FL 32314	2410 IN. Monroc	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida 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 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	Jun Zhang	1210 Capital Circle S.E Suite I Tallahassee, FL 3230	🗆 Add
		S.E Suite I	□Remove
		Tallahassee, FL 3230	EiChange
			□Add
			□Remove
		·	□ Change
			□Add
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lote:	we date, if other than the date of filing:
recoi d is fi	
ated	March 7 2023 Juny 2023
	Tunn
	Signature of a member or authorized representative of smember
	Signature of a member of administrative 20 members

Filing Fee: \$25.00