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COVER LETTER

S SUBJECT:	EOUL BIR	D LLC		
		Name of Lim	ited Liability Company	
The enclosed A	articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return al	I correspon	dence concerning this matter	to the following:	
		HANSOL BAE		
			Name of Person	
		SOLCHIKI LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		630 85TH ST, 105		
			Address	
		MIAMI BEACH, FL 3314	1	
			City/State and Zip Code	
		HANSOL@BAECES.COM		
		E-mail address; ()	to be used for future annual report notif	ication)
For further info	rmation co	neerning this matter, please ca	dl:	
JENNIFER CE	SPEDES		786 222-8429	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a cl	neck for the	following amount:		
□ \$25.00 Fifi	ng Fcc	☐ \$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 Address:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEOUL BIRD 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 $\frac{06/14/2023}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SOLCHIKITLE 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

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

__, Florida ___

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
	·		
			□Remove
			= Change
			= Add
			∐Remove
			El Remove
			
			□ Remove
			□Remove
			Remove
		-	

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Signature of a member or authorized representative of a member		2024			
Signature of a member or authorized representative of a member	JULY 3	41147			
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Filing Fee: \$25.00