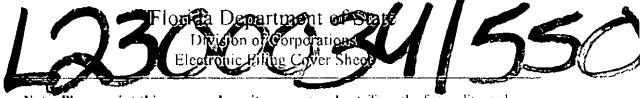
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA

Account Number : I20010000164 : (305)893-8989 Phone Fax Number : (305)891-7717

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

Email Address: NVC@miamidadelaw.net



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICAN HANTEL LLC

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COVER LETTER

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|--|--|---|---|
| SUBJECT: | | N HANTEL LLC | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | To | ony Pornprinya, Esq. | |
| | | Name of Person | |
| | Law | Office of Tony Pornprir | nya |
| | | Fittn/Company | _ |
| | • | 555 NE 123 Street | |
| | | Address | |
| | N | orth Miami FL 33161 | |
| | | City/State and Zip Code | |
| | NVC F-mail address: (| @miamidadelaw.net to be used for future annual report notif | ication) |
| | | | |
| For further information of | concerning this matter, please c | all: | |
| For further information of | - | | 9 |
| Tony Pornprin | - | at (_305)893-898 | 9 e Telephone Number |
| Tony Pornprin | ya of Person | at (_305)893-898 | |
| Tony Pornprin | ya of Person | at (_305)893-898 | |
| Tony Pornprin Name of the Second Second Filing Fee Mailing Addre | ya of Person the following amount: □ \$30.00 Filing Fee & Certificate of Status | at (_305) 893-898. Area Code Daytime \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: | E Telephone Number □ \$60.00 Filing Fee. Certificate of Status & Certified Cupy tadditional copy is enclosed |
| Tony Pornprin Name of the Free Section 1 Sect | ya of Person the following amount: S30.00 Filing Fee & Certificate of Status Section | at (_305) 893-898. Area Code Daytime \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AMERICAN H | HANTEL | LLC | |
|--|---|-------------------------------|---------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | iy as it now appea iability Company) | irs on our records.) | |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000341550</u> . | were filed on | 07/19/2023 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | lity company h | ere: | |
| The new name must be distinguishable and contain the words "Limited Liabilit | ty Company," the | designation "LLC" or the ab | breviation "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) | | | <u> </u> |
| ANALING MANTESS STATE BEAT OST OFFICE BOXY | | | 8 7 |
| B. If amending the registered agent and/or registered office an agent and/or the new registered office address here: | ddress on our i | records, <u>enter the nam</u> | .D |
| Name of New Registered Agent: | | | <u> </u> |
| New Registered Office Address: | Enter Fie | rida street address | 5 |
| | Cuy | Florida | 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

From: Law Offices Tony Pomprir

(((H24000229770 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 | <u>Name</u> | Address | Type of Action |
|-------|-------------|---------------------------|--------------------|
| MGR | YANG, XIN | 5846 S FLAMINGO ROAD #306 | S □Add |
| | | COOPER CITY, FL 33330 | \(\node \) Remove |
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| in eff | ve date, if other than the date of filing: |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. |
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| ecor- is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th |
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| ited | |
| | Xin Yang |
| | 22 tank A43, A5-1236 003 |
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| | Signature of a member or authorized representative of a member |