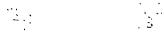
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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RECEIVED

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Kiku Tapanes = Fusion (apital (iti) LI-C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANK RONG
F-RANK RONE CPA
1405 Piedmont Dr E
City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANK RONG at 85c 668-4925  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Sectificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section

a' ♥ 1 a

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

Kiku Japanese	Fusion Co	yortal Cifi	11	_	
(A Flo	bility Company as it now apperida Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Florida document number 12400018	· . · · · —	1/11/2624	Land	l assigne	ed
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the I	imited liability company I	<u>tere</u> :			
The new name must be distinguishable and contain the words "I	Limited Liability Company," the	designation "LLC" or the	bbreviation	1 "L.L.C.	**
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)				
			 ≥.,	202	
Enter new mailing address, if applicable:				_ <del></del>	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	9 U
		<u>,                                      </u>	·	2	n szenes
				P	
B. If amending the registered agent and/or registe		records, enter the nar	ne of the	new re	gistered
agent and/or the new registered office address her	<u>e</u> :				
			:-"	ω	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flo	orida street address			
		. Florida			
	City		Zip Co	ode .	

## 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
MER	Zaigian Wang	36411 Thomasovier 12d Fl	<u> </u>
			QRemove
			Change
MGR	Zuani Wang	3491 Thomasville Ket	#12 
			DRemove
			Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			Change
			□Adđ
			□Remove
			Change

	<u> </u>
Note: If the	late, if other than the date of filing:
he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	17-5-24
-	Signature of a member or authorized representative of a member
	Tryped or printed name of signee

Filing Fee: \$25.00