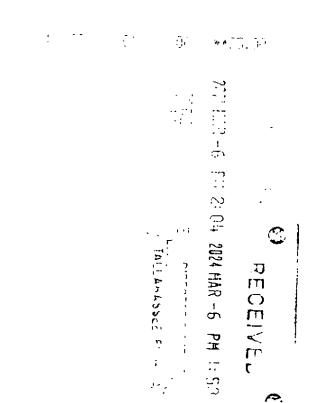
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	(Requestors Name)
	(Address)
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···	(City/State/Zip/Phone #)
	(Ony) State Light Holie #/
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	_ Certificates of Status
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Special Instructions to	Filing Officer:

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COVER LETTER

TO:	Registration Se Division of Cor			
		EXTRACTS, LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		VESNA BEGER		
			Name of Person	
		V & B ACCOUNTING SE	ERVICES, INC	
			Firm/Company	
		8825 PERRIMETER PAR	К 302	ب
			Address	
		JACKSONVILLE, FL 323	216	-' ;
		VANDBACC@GMAIL.CO	City/State and Zip Code OM to be used for future annual report not	
For furt	her information c	oncerning this matter, please c	all:	:
VESNA	BEGER		904 422-6813 at () _	_
	Name o	f Person		ne Telephone Number
Enctose	d is a check for th	ne following amount:		
€ \$25	.00 Filing Fee	□ \$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 Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOKED EXTRACTS, LLC (Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears on our records.) Company)	.
The Articles of Organization for this Limited Li	ability Company were f	filed on	and assigned
Florida document number <u>L</u> 24000092263	-		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability co	ompany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Con	npany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office addre ss here:	ss on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:	Mingalan	Chen	
New Registered Office Address:		Enter Florida street address	
		, Flor	ida
	(lity .	LID 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.

f 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
AMBR	CHEN MINGQUAN	15112 MAYBERRY DR	□Add
		WINTER GARDEN, FL 34787	=Remove
AMBR	MINGQUAN CHEN	15112 MAYBERRY DR	= Add
		WINTER GARDEN, FL 34787	Remove
			Change
			□Remove
			□Change
			bbA□
			□Remove
			☐ Change
			□Add □Remove
			□ Remove

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	<u> </u>
	2.9
fect in ef	ive date, if other than the date of filing:
me:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.
·CIII	ion 3 elective date of the Department of State 3 records.
is fi	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 the led.
	~ ~ ~
ited	1 Signature of a member or authorized representative of a member MINGOUAN CHEN
	mi man a Maria

Typed or printed name of signee