

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ddress)	_
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



COVER LETTER

TO: Registration Se Division of Co				
ELECTRO SUBJECT:	HUB LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	MINGKANG ZHANG			
		Name of Person		
	ELECTROHUB LLC			
		Firm/Company		
	11476 NW 33RD ST			
		Address	-	
	SUNRISE, FL . 33323			
		City/State and Zip Code		
	mingkang.zhangl@gmail.c			
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)	
MINGKANG ZHANG		202 509-6770		
Name o	of Person		me Telephone Number	
Enclosed is a check for t	he tollowing 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)	
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

n our records.)
28. 2024 and assigned
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mation "LLC" or the abbreviation "L.L.C."
<u> </u>
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• -,
ords, enter the name of the new regis
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.

Cinv

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	<u>Address</u>	Type of Action
AMGR	MINGKANG ZHANG	11476 NW 33RD ST	
		SUNRISE, FL 33323	\exists Remove
			Change
AMGR D'ANGELO S SAUNDERS	D'ANGELO S SAUNDERS	11476 NW 33RD ST	■Add
		SUNRISE, FL. 33323	□Remove
		□Change	
			□Add
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			□Add
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			□Change
			□Add
			□Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the record record is file	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 d.
Dated_	06/20/24
	Signature of a member or ability and representative of a member
	Signature of a member or authorized representative of a member
	MINGKANG ZHANG

Typed or printed name of signee

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