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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: $\frac{\int \mathcal{E} f}{Do}$	PACKAE Name of Lim	E (PACKING) ited Liability Company 40002736	<u>LLC</u> 39
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		RO 6ERS Name of Person PAC KAGE (PA Firm/Company	
	2203 NOR	Address Ave	<u>E SUITE 1125</u>
		City/State and Lip Code RY PACKIN6 to be used for future annual report notifi	607 0106MAIL.CO
For further information conc	erning this matter, please c	all:	
NORA R	OBERS	at (8/3) 84/ Area Code Daytime	6560 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
ig \$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:		Street Address:	

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

(Name of the Limited Liabil) (A Florid	ity Company as it now appears on a Limited Liability Company)	6) L.C.
The Articles of Organization for this Limited Liability C	Company were filed on Jun J 3 6 3 9	2 17 202 (and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	NA
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ition "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
	 -	
		5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · ·
		ĊS .
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	od office address on our record $PLEASE = FIX$	ds, enter the name of the new registered NBME SPECCIME
Name of New Registered Agent:	JIEFU	NAME SPECIAL CHEN
New Registered Office Address:	C	
	Enter Florida st	
	City	, Florida Zip Code
	~ · · · ·	Top Comme

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
<u>M 6 R</u>	- <u>] 18 F (</u>	CHEN	2203 NORTH LOIS AVE TRMPA I=C. 33607	Suite BAdd
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