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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Instatik	Treasures L	LC	
	Name of Limi	ited Liability Company		
The enclosed Articles of a	Amendment and fec(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	weien	Huan G Name of Person		
	Insta	Atik treasure Firm/Company	S LLC	
	1503	Address way		
		City/State and Zip Code		
	エハSナロナ E-mail address: ()	io be used for future annual report notif	gmail.Com	
For further information co	oncerning this matter, please co	all:		
Weigh	Huan G Person	at (1407) 738- Area Code Daytime	COV83	
Enclosed is a check for th	ne following amount:			
⊠ \$25.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	CI \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address: Registration Sec	rtion	
Registration S Division of C		Division of Cor		
P.O. Box 632	•	The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ln Statik In	Liability Company as Florida Limited Liabilit	it now appears on our ly Company)	records.)		
The Articles of Organization for this Limited Liab Florida document number <u>して4000~7</u>		filed on $6 - \sqrt{7}$	1-2024	and assign	ied
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ae limited liability c	company here:			
The new name must be distinguishable and contain the word	Is "Limited Liability Co	mpany," the designation	"LLC" or the abbrevi	iation "L.L.C	•••
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>			2021	
				2024 JUH 2	<u> </u>
Enter new mailing address, if applicable:				တ	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	- 11.	- -	PH	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ess on our records,	enter the name of	∞ the new r	<u>egistered</u>
Name of New Registered Agent:	weie	n Hua.	n G		
New Registered Office Address:	\503	Catbria Enter Florida street	address		
	Daven Po	r \	Florida 3 3	& 3 7- Cip Code	
New Registered Agent's Signature, if changing Res	gistered 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
AMBR	Enmanuel Carrero	1503 Cathriar way	_ ⊠∕viq
		DavenPort, FL, 33837	□Remove
			[] Change
AMBR	Exa Liliana Lamas	1502 Cathriar way	_ [\$\frac{1}{N}\]
		DavenPert, FL 33837	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 \\dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove

Signature of a member of authorized representative of a member

Weien Huana
Typed or printed name of signee