L24000 433015

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SECRETARY OF STAT

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COVER LETTER

Division of Cor				
227 SEMO SUBJECT:	RAN LLC			
JODSECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
		Bin Zhang		
		Name of Person		
		227 SEMORAN LLC		
		Firm/Company	•	
		2968 Danube Drive		202
		Address		TAR TI
	Jac	ksonville Florida 32246		SECRETARY OF STAT
		City/State and Zip Code		5 T
		nsonz@hotmail.com to be used for future annual report notifi		HY G
For further information of	oncerning this matter, please c		cation)	TATE
Bin Zhang		646 306-6627 at ()		
Name o	f Person		Telephone Number	
Enclosed is a check for the	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 Certificate o Certified Co (additional cop	f Status & py
Mailing Addres Registration S		Street Address: Registration Sect	tion	

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

227 SEMORAN LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000433015	were filed on 10/08/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		INCRET
		<u> </u>
Enter new mailing address, if applicable:		EC-9 AH 8:
Mailing address MAY BE A POST OFFICE BOX)		STA:
		TE 1
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Plant	1
	, Florid	1a Zip 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.

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	Xiu Qing Hong	227 S Semoran Blvd Winter Park FL 32792	□Add
			=Remove
		-	□Change
			□Add
			Remove TALLAHA (DA) STANDARD AM 8:
			MAdd REST STREET
			□Change
			□Add
			□Remove
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	be specific and cannot be prior to date of filing o ck does not meet the applicable statutory fi		
ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.r	m. on the earlier of: (b) The 90th day af	iter the
Dated	. 2024		
	BinZhang Signature of a member of athorized refresentat	live of a member	
	Bin Zhang		
	Typed or printed name of signed	<u></u>	

Filing Fee: \$25.00