L17000000195

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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D. SCOTT MAR 1 3 2017

COVER LETTER

TO: Registration Se Division of Cor		inne Scott.	
	COMPANY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	JIANMIN JIANG		2017 MAR 10 PM 3: 28 PALL AND SSEE TO DINOR
		Name of Person	第1000000000000000000000000000000000000
		Firm/Company	B B
	2409 ILLINOIS ST		3: 28
		Address	10.5
	ORLANDO FL 32803		
		City/State and Zip Code	
	MIKO_1986@YAHOO.Cl E-mail address: (Vito be used for future annual report notification	tion)
For further information c	oncerning this matter, please c	-	·
JIANMIN JIANG		646 932-4556 at ()	
Name o	f Person	Area Code Daytime T	elephone 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)	Certificate of Status & Certificate Copy (additional copy is entitiesed)
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	
	on of Corporations	Division of Corporation	ons

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H-W-H-Y COMPANY LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 12	/29/2016 and assigned
Florida document number L17000000195		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the ne
Name of New Registered Agent:	JIANMIN JIANG	
New Registered Office Address:	2409 ILLINOIS ST	
	Enter Flo	rida street address
	ORLANDO	, Florida ³²⁸⁰³
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	287

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
MGR	XIE, HAO XIANG	2409 ILLINOIS ST	
		ORLANDO FL 32803	Remove
			Change
MGR	JIANG, JIANMIN	2409 ILLINOIS ST	■ Add
		ORLANDO FL 32803	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Change

			
	<u> </u>		
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	partment of State's records.	nory ming requirements,	this date will fair be fisted
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Filing Fee: \$25.00