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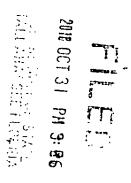
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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	STENIX, L	LC				
301312		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
Please r	etum all correspo	ndence concerning this matter	to the following:			
		YONGZE SHAO				
			Name of Person	_ ifii		
		STENIX, LLC				
			Firm/Company			
	4110 SW 34TH ST STE 1-2					
			Address			
		GAINESVILLE, FL 3260	8			
			City/State and Zip Code	<u> </u>	2011	
		YVONNEYANCPA@GM.		' ':	00	
		E-mail address: (to be used for future annual report notification	n)	2010 OCT 3	Garage States
For furt	her information co	oncerning this matter, please co	all:	<u> </u>		
YONG	ZE SHAO		352 283-2171	<u></u> ,	PH (4)	;]
	Name of	f Person		phone Number	් යන ජා	
Enclose	d 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)	■ \$60.00 Filing Fee. Certificate of State Certified Copy (additional copy is enc		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STENIX, LLC		
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited	Liability Company were filed on 09/04/2	018 and assigned
Florida document number L18000210367		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of the new	1/or registered office address on our	records, enter the name of the ne
Name of New Registered Agent:		·
New Registered Office Address:	4110 SW 34TH ST STE 1-2 Enter Florida s.	reet address
	GAINESVILLE	Florida 32608
	City	Zîp Code
New Registered Agent's Signature, if changing	•	

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, <u>enter the title, name, and address of each person_being added</u>, <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	CHEN, XIAOLI	4110 SW 34TH ST STE 1-2	Add
		GAINESVILLE, FL 32608	
			■ Remove
			☐ Change
			Add
			☐ Remove
			Change
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			□ Remove
			☐ Change

	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the		

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If an effective date is listed, the	e date must be specific and cannot be prior to date of fili-	ng or more than 90 days after filing.) Pursuant to 605	.0207 (
		ry filing requirements, this date will not be liste	ed as ti
		tive time, at 12:01 a.m. on the earlie	er of:
/.1/2	0 7 0 0		
Dated () C	8 11 W.B.		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee