P150000 14795

(5)		
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	<u> </u>
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
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	ocument Number)	
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

CRT MOTO	OR INC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	טץ מטנמונ		
		Name of Person	
	CRT MOTOC INC		
		Firm/Company	
	13936 VALLEY BLVD #E	3	
	<u></u>	Address	
	CITY OF INDUSTRY CA	91746	
		City/State and Zip Code	
	ertmoto005@gmail.com	to be used for future annual report no	otification)
For further information c	oncerning this matter, please co		
ANDY		626 675-7788	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) v)
The Articles of Organization for this Limited Florida document number p15000014795	Liability Company were filed on	02/13/2015 and assigned
This amendment is submitted to amend the fo	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," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	21 P. T.
B. If amending the registered agent and/or		r records, enter the name of the new regi
agent and/or the new registered office addr		2: 54 TATE CRIDA
Name of New Registered Agent:	JINJUN YU	·
New Registered Office Address:	Enter i	Florida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CRT MOTOR INC.

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>	<u>Address</u>	Type of Action
AMBR	ANDY TANG	13936 VALLEY BLVD #B	= Add
		CITY OF INDUSTRY CA 91746	□ Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
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			🗀 Add
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			Change
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			□ Add
			Remove

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