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13 JAN 29 AM II: 16

HALLVAN BLOCKEOWATHE

JAN 3 0 2013 T. HAMPTON

COVER LETTER

	tion Section of Corporations
SUBJECT:	INTELLIEAGLE TECHNOLOGIES, LLC
Sebucer.	Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	CHUNYAN LI Name of Person
	Intelli Eagle Technologies, LLC
	Firm/Company
	523 Vicks Landing Drive
	Addiess
	Apopka, FL 32712 City/State and Zip Code intellieagle @ gmail. Com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	F-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Chuny	An Li at (321) 356-0878 Area Code & Daytime Telephone Number
_	Name of reison
Enclosed is a chec	k for the following amount:
\$25.00 Filing I	Fee U\$30.00 Filing Fee & U\$55.00 Filing Fee & U\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

INTELLIEAGLE TECHNOLOGIES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(·
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000014790</u> .	were filed on <u>02/08/2007</u>	and assigned 3 JAN 29
This amendment is submitted to amend the following:		N 29 M
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		ip Code
New Degistered Agent's Signature if changing Degistered Agents		

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	CHUNYAN LI	523 Vicks Landing Drive	Add
		Apopka, FL32712	Remove
m <u>GR</u> m	Wei Zheng	523 Vicks Landing Drive	
		Apopka, FL 32712	Remove
			Remove
			SIVE JARYO
			Removes Ale
			Add
			_
			Add
			Remove

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
d J d	anuary 25, 2013
-	Signature of a member or authorized representative of a member
	Wei Zheng Typed or printed name of signee
-	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00