L08000020026

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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THE SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	N-Core POS (Name of Limit	LLC	relat MDP-level constraints are remained	
	(Name of Limit	ted Liability Company)		
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.		
Please return all corre	spondence concerning this matter t	o the following:		
	We	Zheng (Name of Person)		
		(Name of Person)	IFAL SE	
	N-Core	POS LLC (Firm/Company)	CRE	ALCOHOL:
		(Firm/Company)	AUS I LI	-
	523 Vich	ks Landing Drive (Address)	m A D	
	tive i a de level i endele de la constitution de la constitution de la constitution de la constitution de la cons	(Address)	P 12: 07	O
	Apopka	FL 32712 (City/State and Zip Code)		
		(City/State and Zip Code)		
For further information	on concerning this matter, please ca	11:		
Wei (Na	Zheng no of Person	at (407) 342 - 52 (Area Code & Daytime T	52 'elephone Number)	
Enclosed is a check for	or the 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 & Certified Copy (additional copy is enclosed)	osed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

N-CORE POS LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L08000020026</u> .	nny were filed on <u>Fabr</u>	nary 25, 2008 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company,"	₹	
Enter new principal offices address, if applicable:		2009 SECA	
(Principal office address MUST BE A STREET ADDRESS))	A 55 11	
		SR - I	
		OF D	
Enter new mailing address, if applicable:		CSI VS C	
(Mailing address MAY BE A POST OFFICE BOX)		7 AB	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter	Florida street address)	
	·		
	(City)	, Florida	

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 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 Changing Registered Agent, Signature of New Registered Agent)

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 **Address Type of Action Title Name** YANG LI Remove ☐ Add Remove 🗖 Add Remove □ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 2008 Dated Signature of a member or authorized representative of a member Wei 2hen9 Typed or frinted name of signee

Page 2 of 2

Filing Fee: \$25.00