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## COVER LETTER

Division of Corp			
SUBJECT:	Neulion Name of Lim	Group UC.	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ch	angyu Qiao	
		Neulion Group Firm/Company  S. Orange Av	LLC
	12	1 S. orange Av	e. <del>ste 50 : 9</del> =
		Address  Ando   -   3 - 280  City/State and Zip Code   1000	A YAR
	•	City/State and Zip Code	ation) PH 45
For further information co	ncerning this matter, please c		· 5
Changyn Name of	Person	at (40±) 362 86 Area Code Daytime T	6 <del>-</del> Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division R.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 82314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neulion G	lramp L	LC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	1/27/2009	and assign	ed
Florida document number		·	2016	
This amendment is submitted to amend the following:			2014 MAY	
A. If amending name, enter the new name of the limited liabi	ility company ho	ere:	₩ - <b>8</b>	1
NIA			至	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the	designation "LLC" or the	e abbreviation "I <sub>F</sub> L.(	J.11 - Namer
Enter new principal offices address, if applicable:	NIA		碧 5	
(Principal office address MUST BE A STREET ADDRESS)			· .·	<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:	N/A-			
New Registered Office Address:	Enter Flor	rida street address	<del></del>	
<del>-</del>	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in (	my duties, and I an Chapter 605, F.S. O	n familiar with a r, if this docume	nd

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> Name **Address** BIN CHENG 121 S. Orange Ave. 1430A MGR FL 3280 Orlando ☐ Remove □ Add | |⊒ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	If ame	_									
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Dated	Effecti	ive date,	if other than	the date of	filing:				(optional	)	
Signature of a member or authorized representative of a member		ecuve date r	nust be specific.	cannot be price	or to date of re	ceint or filed d	ate and cannot be	more than 90	) davs after		
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