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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 21 2009

EXAMINER

S. HAWKES

AUG 14 2009

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: FUZHOU LI CHENG HANDICRAFT USA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

June Zhou, Esq.

Name of Person

Law Offices of June Zhou, PLLC

Firm/Company

5970 SW 18th Street, #105

Address

Boca Raton, FL 33433

City/State and Zip Code

✓ jzlaw@mail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

june zhou

Name of Person

at ( 954 ) 482-0274

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
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☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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  
OF**

**FUZHOU LI CHENG HANDICRAFT USA, 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 were filed on 07/17/2009 and assigned  
Florida document number L09000069158.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SAME AS ABOVE

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

NO CHANGE

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

NO CHANGE

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NO CHANGE

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

**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

(change titles)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Xiaoli LIN	4205 Glenmoor Dr. West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Xueqiang CHEN	4205 Glenmoor Dr. West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jinwu LIN	Yangxia Village Xiangqian Minhou County, Fujian, P.R. China	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Yonghui HUANG	Yangxia Village Xiangqian Minhou County, Fujian, P.R. China	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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JUL 22 2009  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: July 22, 2009

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
june zhou  
\_\_\_\_\_  
Typed or printed name of signee