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(Requestor's Name)
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## **COVER LETTER**

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CHIB IDZYE		HOLDINGS LLC.				
SUBJECT	·	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
r rease ren	in an concept	Victor Cui	to the following.			
			Name of Person			
			Firm/Company			
		4257 Laurel Ridge Cir				
		Weston/FL/33331	Address			
		victor.cui1996@gmail.co	City/State and Zip Code	<u> </u>		
		<del></del>	to be used for future annual report notif	ication)	VI 238	วกวก
For furthe	r information o	concerning this matter, please c	all:		SECRE : A	5
Victor Cu	i		954 6469764 at ()		A A S	
	Name (	of Person	Area Code Daytime	: Telephone Number	5	
Enclosed i	s a check for t	he following amount:			r 5 6	•
■ \$25.00	9 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
3	1siling Addres	ss:	Street Address			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HONGYU HOLDINGS LLC.		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on 08/31/2011	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE)	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
	1	2020 5EC/
B. If amending the registered agent and/or re	gistered office address on our records, enter the	name of the new registere
agent and/or the new registered office address		25 5 11
		20 1/s
Name of New Registered Agent:		19 g 177
No De la LOSS All se		
New Registered Office Address:	Enter Florida street address	77 6
	, Florid	la .
	City	Zin 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 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 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>	Address	Type of Action
MGR	Victor Cui	4257 Laurel Ridge Cir, Weston, FL 33331	<b>≣</b> Add
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	7/1/2020	7. 3. 3. 4. 8. 4.	
ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	date of filing:	(optional) or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be li	05.0207 sted as
record specifies a delayed effective Lis filed.	date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day af	ter the
ated	. 2020		
	Shugin Xiz-		
<del></del>	Signature of a member or authorized representa	tive of a member	

Filing Fee: \$25.00