L11000111578

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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12 JUN 18 PM 4: 02
SECRETARY OF STATE

B. BOSTICK
JUN 2 0 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co		ni 41	•			
p	F					
SUBJECT:	Le	fanda IIc				
	Name of Limi	ted Liability Company		•		
	f Amendment and fee(s) are sub	-				
Please return all corresp	ondence concerning this matter	to the following:				
		Bing Bai		_		
		Name of Person				
		Lefanda LLC				
		Firm/Company		_		
	12	0 se 5th avenue #224	4	_		
		Address		 For		
		Boca Raton			2 JUN 18	State Section
•	****	City/State and Zip Code		- 1 22	-	Manara Manara Manara
	E mail addraes: (1	tb@lefanda.com o be used for future annual rep	art natification)	SES		i Fyr
For further information	concerning this matter, please c	·	or norneation)	, FLO	PH 4: 02	-
				ORID	02	
	Bing Bai	at (_954_)	809-8224	>		
Name	of Person	Area Code &	Daytime Telephone Numb	er		
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certifie	filing Fee, cate of State ed Copy onal copy is		sed)
	LING ADDRESS:	STREET/C	COURIER ADDRESS:			

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	etanda LLC		
(Name of the Limited Liability (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C		09-29-2011	and assigned
Florida document number L11000111578	<u>·</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	any," the designation f'L	C" or the abbreviation
Enter new principal offices address, if applicable:		and a series of the series of	<u> </u>
(Principal office address MUST BE A STREET ADD)	RESS)	SS	CO APTIMA
		<u> </u>	
			= C
Enter new mailing address, if applicable:		STATE LORIDA	0
(Mailing address MAY BE A POST OFFICE BOX)		Þ	
	- · · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or regis		our records, <u>enter th</u>	e name of the nev
registered agent and/or the new registered office add	lress here:		
Name of New Registered Agent:	***		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		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:

	: Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	·-		Add Remove
		TALLAHA HA	Add Remove
		SSEE, FL	∞ √ Add T Remove
D. If a	nending any other information, enter change((s) here: (Attach additional sheets, if necessary.) 6 , Qiwu Gong 5%	÷: 02
	2. change investment to : 30,000		-
	3 Business: air ticket . a travel cononling.	ar estal hotel booking.	<u> </u>
Dated _	June 5,201		
	Signature of a member of	prauthorized representative of a member	
		Bing Bai	
	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00