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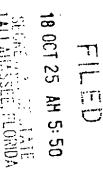
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K. SALY NOV 6 2018

COVER LETTER

	egistration Sectivision of Corp					
SUBJECT	Riş	phtlink International, LLC				
SOBJECT	•	Name of Limi	ited Liability Company			
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspon	dence concerning this matter	to the following:			
			David Fong			
			Name of Person			
			Firm/Company 1221 E. Robinson Street			
			Address			
		Orlando, FL 32801				
			City/State and Zip Code			
		david@fongtax.com E-mail address: (to be used for future annual report notification)				
For further	information cor	ncerning this matter, please ca				
	David Fong		321 274-3281 at()			
	Name of I	³ erson	Area Code Daytime	: Telephone Number		
Englosed is	s a check for the	following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

18 OCT 25 AH 5:50
TALLATINGS FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	Yuanhai Li	6330 Deacon Circle, Windermere, FL 34786	Add
			☐ Remove
			Change
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	the second secon
•	18 OCT 25
	tending any other information, enter change(s) here: (Attach additional sheets, if necessary) 18 0C7 25 NALLAMARIAN FIGURE
	- CALLANA CONTRACTOR OF THE CO
	" EL ORIDA
	
Effec (If an e	tive date, if other than the date of filing:(optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
docu	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	10/22/18
Dated	d <u>10/22/18</u>
	Ligung Fonz

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00