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## **COVER LETTER**

	of Corporations	
Halob	by Trading, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	Luwei Zeng	
	Name of Person	
	Haloby Trading, LLC	
	Firm/Company	
	9951 Atlantic Blvd, Suite 107	
	Address	
	Jackosnville, FL 32225	
	City/State and Zip Code	
	zengluwei@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
Luwei Zeng	904 2380606 EE EE	<u> </u>
N	Name of Person Area Code Daytime Telephone Number 2	FILED
Enclosed is a check	c for the following amount:	
□ \$25.00 Filing F	Fee \$\sigma\$\$\\$30.00\$ Filing Fee & \$\sigma\$\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$	•

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 ARTICLES OF ORGANIZATION **OF**

Haloby Trading, LLC	•
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)
Γhe Articles of Organization for this Limited Liability Company	were filed on January 17, 2013 and assigned
Florida document number L13000008787	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
Angeblue, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9951 Atlantic Blvd, Suite 107
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32225
Enter new mailing address, if applicable:	9951 Atlantic Blvd, Suite 107
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32225
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, the name of
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
Naw Dagistarad Agant's Signatura if changing Dagistarad Agants	•

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 Changing Registered Agent, Signature of New Registered Agent

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
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filir	ng or more than 90 days after filing.) Pursuant to 605.
e: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ry filling requirements, this date will not be liste
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Lunei Romer	
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Signature of a member or authorized represe	entative of a member

Page 3 of 3

Filing Fee: \$25.00