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(71)	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	j
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COVER LETTER

TO: Registration S Division of Co			
	TE WORLD, LLC.		
SUBJECT:	Name of Lun	nted Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	muted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gang Li		
		Name of Person	
	MOON LITE WORLD, L	LC.	
		Firm Company	
	2454 Temple Grove Lu		
		Address	
	Kissimmee, FL, 34741		
		City State and Zip Code	
	moonliteworld@foxmail.co		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Gang Li		407 758-2101	
Name of Person		Area Code Daytir	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$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

MOON LITE WORLD, LLC.	
(<u>Name of the Limited Liability Company as it now appears of</u> (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on <u>sunb</u>	iz.org and assigned
Plorida document number 1.4.3000077252	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here	≧ :
he new name must be distinguishable and contain the words "Lamited Liability Company," the desi	· ~ ~
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	2
	25 - 17 (F)
	% 🔆.
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here: Name of New Registered Agent:	our records, <u>enter the name of th</u>
New Registered Office Address: Enter Florade	a 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 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
AMBR	TING LI	2454 Temple Grove Ln	Add
		Kissimmee, FL, 34744	Remove
AMBR	GANG LI	2454 Temple Grove La	Add
		Kissimmee, FL, 34741	
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			Remove
			Change
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			☐ Remove
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