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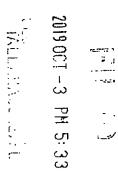
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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:		E WORLD, LLC.		
SODARCE.		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Gang Li		
			Name of Person	
		MOON LITE WORLD, LI	.C.	
			Firm/Company	
		2807 Alton Drive		
			Address	
		Kissimmee, FL, 34741		
			City/State and Zip Code	
		moonliteworld@foxmail.co		y
For further	information c	n-mail address; o oncerning this matter, please ea	to be used for future annual report noti all:	псанов)
Gang Li			407 758-2101	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Jability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company florida document number 1.13000077252	G-32	12	and assigne	ed
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:			
The new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "LLC	" or the abbrevi	ation "L.L.C.	
Enter new principal offices address, if applicable:	2807 Alton Drive		2019	
Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL, 34741)CT -	
			<u>3</u> PH	·
Enter new mailing address, if applicable:			ကု	-
Mailing address MAY BE A POST OFFICE BOX)		r	ယ ယ	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, <u>enter the</u>	name of	the n
egistered agent and/or the new registered office address ner	<u>c</u> .			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addres	<u></u>		
		 orida		
	City		ip 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				
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			🗆 Remove				
			Change				
			Add				
			☐ Remove				
			Change				
			□ Remove				
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<u>ис.</u> т	ir me date ir	isched in mi	the date of must be specif s block does e Departmen	noi meet the	applicable si	of filing or me atutory filing	re than 90 da requiremer	(optional) ys after filing, ts. this date	Pursuant to 605 will not be list	5,020 led a
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ted _	9/26/2019			·	·					

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Filing Fee: \$25.00