

123000112367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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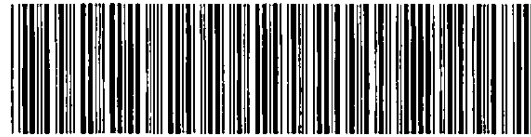
(Business Entity Name)

(Document Number)

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JUL 13 2017  
J. S. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNILUMIN LED TECHNOLOGY FL LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

XIAOJIE (EMMA) LIU

Name of Person

UNILUMIN LED TECHNOLOGY FL LLC

Firm/Company

8350 PARKLINE BLVD STE 15

Address

ORLANDO, FLORIDA, 32809

City/State and Zip Code

lishuifang@unilumin.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID TANG, CPA

734 2395643

at ( )

Name of Person

Area Code

Daytime Telephone Number

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 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**

UNILUMIN LED TECHNOLOGY FL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on AUGUST 8, 2013 and assigned  
Florida document number L13000112367.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A - no change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A - no change

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MS. XIAOJIE (EMMA) LIU

New Registered Office Address:

8350 PARKLINE BLVD STE 15

Enter Florida street address

ORLANDO

City

Florida

32809

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.*

刘晓洁

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>	<u>Address</u>	<u>Type of Action</u>
Director	Ms. Xue (Sherry) Dou,	8350 PARKLINE BLVD STE 15,	<input type="checkbox"/> Add
		ORLANDO, FL, 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Director	Ms. Yan Hu	8350 PARKLINE BLVD STE 15	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Director	Ms. Manman Fang,	8350 PARKLINE BLVD STE 15	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Director	XIAOJIE (EMMA) LIU	8350 PARKLINE BLVD STE 15	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. What is the main purpose of the document?  
 2. What are the key findings of the study?  
 3. What are the limitations of the study?  
 4. What are the implications of the study?  
 5. What are the conclusions of the study?  
 6. What are the recommendations of the study?  
 7. What are the future research directions?  
 8. What are the acknowledgments?  
 9. What are the references?  
 10. What are the appendices?

17 JUL 12 AM 7:16

(If an effective 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 (3)(b)

Dated June 28, 2017

刘晓洁

Signature of a member or authorized representative of a member

MS. XIAOJIE (EMMA) LIU, MANAGING DIRECTOR

Typed or printed name of signee