413000/12770

(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

T Burch FEB 2.5; 2019

COVER LETTER

TO:

Registration Section Division of Corporations

FORTUNE COLOR PACKING INTERNATIONAL

SUBJECT:

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:

Guanju Wang

Name of Person

Fortune Color Packing International, LLC

Firm/Company

3580 West Hillsboro Blvd Apt. 202

Address

Coconut Creek, FL 33073

City/State and Zip Code

guanjuwang@gmail.com

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

For further information concerning this matter, please call:

QINGXIN LI

_,305\7998574

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**

FORTUNE COLOR PACKING INTERNATIONAL, 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 we Florida document number L13000112770		were filed on 08/08/2013		and assigned			
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :				
The new name must be distinguishable and end with the w	vords "Limited Liab	oility Company," the de	esignation "LLC" or the a		المك		
Enter new principal offices address, if applicable:		3580 West H	lillsboro Blvd	LL AI	33		
(Principal office address MUST BE A STREET ADDRESS)		Apt. 202		AS AS	ω	ensperse ensperse	
		Coconut Cree	ek, FL 33073	N N		ij	
Enter new mailing address, if applicable:		3580 West H	lillsboro Blvd	OF STA	PM 2: u	U	
(Mailing address MAY BE A POST OFFICE BOX)		Apt. 202		N. A.G.			
		Coconut Cre	ek, FL 33073				
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:			our records, <u>enter</u>	the nam	e of	the new	
New Registered Office Address:	3580 West Hillsboro Blvd Apt. 202						
ivew Registered Office Address.	Enter Florida street address						
	Coconut Creek		Florida 3	, Florida <u>33073</u>			
		City	, 1 1011011	Zip Coa	Zip Code		
New Registered Agent's Signature, if changing R	egistered Agent:	i					

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			Add
			☐ Remove
			SEC ALL
			A Remove
			PH 2: 47 OF STATE E. FLORIDA
			Add
			☐ Remove
			
		· · · · · · · · · · · · · · · · · · ·	□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.	.)		
				
E.	Effective date, if other than the date of filing:			
	Dated 02/20 , 2014			
	Signature of a member or authorized representative of a member GUANJU WANG			
	Typed or printed name of signee	SECRETARY OF STATE TALLAHASSEE, FLORID	14 FEB 24 PM 2: 47	

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Filing Fee: \$25.00