

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: US Elinkcity 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:

Steven W. Olinger

Name of Person

Atlas Accounting & International Consulting Company

Firm/Company

1700 San Pablo Rd. S. Ste. 404

Address

Jacksonville, Florida 32224

City/State and Zip Code

swo@meiguochuangye.com

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

For further information concerning this matter, please call:

Steve Olinger

Name of Person

904 673-2410

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

US Elinkcity LLC

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

FILED
14 JAN 27 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01-13-2014 and assigned
Florida document number L14000006104.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1700 San Pablo Rd. S. Suite 404
Jacksonville, Florida 32224

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1700 San Pablo Rd. S. Suite 404
Jacksonville, Florida 32224

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:

New Registered Office Address:

Enter Florida 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 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 = Manager

AMBR = Authorized Member

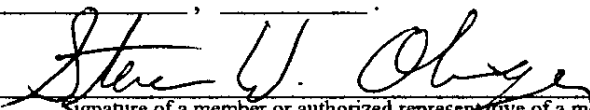
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Scott Randolph</u>	<u>15 Palmwood Court</u>	<input type="checkbox"/> Add
		<u>Jacksonville Beach, FL. 32250</u>	<input checked="" type="checkbox"/> Remove
		<u> </u>	
<u>Mgr</u>	<u>Yan Li</u>	<u>1700 San Pablo Rd. S. Suite 404</u>	<input checked="" type="checkbox"/> Add
		<u>jacksonville, FL. 32224</u>	<input type="checkbox"/> Remove
		<u> </u>	
		<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
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		<u> </u>	<input type="checkbox"/> Add
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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: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 22, 2014



Signature of a member or authorized representative of a member

Steven W. Olinger

Typed or printed name of signee