L14000050941

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B. BOSTICK

JUN - 4 2014

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUNFLOWER INTERNATIONAL, 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:

KELIN XIANG

Name of Person

SUNFLOWER INTERNATIONAL, LLC

Firm/Company

6707 NW 169 ST, UNIT A-106

Address

HIALEAH, FL 33015

City/State and Zip Code

lovesunflower0126@hotmail.com

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

For further information concerning this matter, please call:

Kelin Xiang

_.,305`,746-7904

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)

25

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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000050941</u> .	were filed on Ma	arch 27, 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :
N/A		
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	(% % % % % % % % % % % % % % % % % % %
(Mailing address MAY BE A POST OFFICE BOX)	MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, enter the name of the ne
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Flori	la street address
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	City <u>-</u>	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of r	ny duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>Address</u> **Type of Action** Title Name JOHN MEHIA 6707 NW 169 ST, UNIT A-106 **MGR ■** Add HIALEAH, FL 33015 □ Remove □ Add ☐ Remove _□ Add □ Remove Remove f Æ _□ Add ☐ Remove □ Add □ Remove

amending any other information, enter change(s) here: (Attach a	
ctive date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and callet this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
ed 05/29/2014	
Rolin X ranex	
Signature of a member or authorized represen	tative of a member
KELIN XIANO	3
Typed or printed name of sig	

Page 3 of 3

Filing Fee: \$25.00

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