Division of Corporations **Electronic Filing Cover Sheet** 

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(((H14000167599 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Ema	i I	. Add	res	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YUNNAN INVESTMENT & DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

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K. SALY EXAMINER

7/14/2014

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: YUNNAN INVESTMENT & DEVE	ELOPMENT, LLC
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fcc(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Cheyenne Moseley	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	·
100 W. Broadway Suite 100	
Address	
Glendaic, CA 91210	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
richard_chiuboonhee@yahoo.com	
F-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter,	please call:
Imelda Vasquez	323 962-8600 ext 7950
Name of Person	Area Code & Daytime Telaphone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	amount:
🗅 \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (12/13)	

FILED 2014 JUL 14 AM 10: 36 FALLAHASSEE, FLORIUA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

YUNNAN INVESTMENT & DEVELOPMENT, LLC

(Name of the Lim	ted Liablity Comps (A Florida Limited	my as it now appea Liability Company)	n on our records.)
The Articles of Organization for this Limited I Florida document number <u>L14000051163</u>	iability Company	were filed on 0	3/28/2014 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company h	ere:
The new name must be distinguishable and end with the	words "Limited Link	ility Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	c/o Richard C	amp,CPA
(Principal office address MUST BE A STRE	•	6817 South Point Parkway #2201	
		Jacksonville,	FL 32216
Enter new mailing address, if applicable:		c/o Richard C	amp.CPA
Mailing address MAY BE A POST OFFICE BOX)		6817 South Point Parkway #2201	
		Jacksonville,	F1, 32216
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<b>ž</b> :	n our records, enter the name of the ne
New Registered Office Address:	6817 South P	oint Parkway #2	201
Wile in the second seco		Enser Flo	rida street address
	Jacksonville		, Florida 32216
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent;	į.	
I hereby accept the appointment as register	ed agent and agr	ee to act in this	capacity. I further agree to comply with th

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = M $AMBR - A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
		**************************************	
		48 100 00	
			Add
			□ Remove
			Add
			☐ Remove
		·	
			Add
			☐ Remove
			Add
			□ Remove

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ective dat	r. If other than the date of filing: (outling)
	ic, if other than the date of filing:  (optional) the must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after councert is filed by the Florida Department of State)
	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
date this do	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cament is filed by the Florida Department of State)
date this do	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cannot is filed by the Florida Department of State)  July 11, 2014
date this do	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cannot is filed by the Florida Department of State)  July 11, 2014

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