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(Re	questor's Name)	
(Ad	dress)	
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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MAY 1 5 2013 **T. HAMPTON** 

## CORPORATE ACCESS, \_

[When you need ACCESS to the world]

INC.

236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

		WALK IN
	PICK UP: CERTIFIED COPY	51.14
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1.	(CORPORATE NAME AND DOCUMENT	LLC #)
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## **COVER LETTER**

Division of Co			
SUBJECT: Be	e Tradina	140	
	Name of Lin	nited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Sheno	name of yerson	
	$\mathcal{O}$	Name of Person	
	i Bee	Tradina LCC	•
		Firm Company	
	350 S. M	1	V- // 6 S
	530 3. 10	Address	te 4007
	Miam,	City/State and Zip Code	3131
			_
	I Dee tradio	ng LLC & Gma; (. C	ow
	r-man address.	20 oc used for fatere annual report nour	(cation)
For further information of	concerning this matter, please c	ali:	
Stengs hens	e He	at (714) 599 Area Code Daytime	3999
· Japan c	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Taliahassee, 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 ASS
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Any as it now appears on our records.) Liability Company)
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<b>&gt;</b>
oility company here:
bility Company," the designation "LLC" or the abbreviation "L.L.C."
350 S. Miam, fre
Suite 4007, Miami
FC 53/3/
350 S. Miami Ave Suite 4007, Miami
Suite Goot, Miami
FC 33131
office address on our records, enter the name of the n
Enter Florida street address
Enter r toriau street auaress
City Zin 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 = N $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Shengsheng He	643 vak 91en, Indue (4926/8	☐ Add
<u>AMBR</u>	shengsheng Ite	350 S. Miam: Ave, Sure 44007, Miam: FL 3313	Add  Remove
			Add
Physical Medical Conference of the Conference of		S	Dadd The
-		FLORIDA	
			□ Add □ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dihange the title of the owner from
MGR" + > MBR"
Change the Adress from 643. Oak Glen,
Trylue (A 92618" to 350 S. Miami due Suite 4007 Mia
E. Effective date, if other than the date of filing:
(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 ∦ocument is filed by the Florida Department of State).
Dated 5/13 2014
522
Signature of a member or authorized representative of a member
Shengsheng He
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE