14000106937

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COVER LETTER

FO: Registration Se Division of Cor				
	E ART LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	angelina C. Li			
		Name of Person		
	JAL ACCOUNTING P.A.			
		Firm/Company		
3363 SHERIDA STREET STE 214				
		Address		
	HOLLYWOOD, FL 33021			
		City/State and Zip Code		
	ANGEL@JALACCOUNTI	NG.COM o be used for future annual report notific		
For further information	e-mail address: (t		auton)	
NIE GANG		917 325-6888 at ()		
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

Florida document number L14000106937 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NONE The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LC" Enter new principal offices address, if applicable: XIE. GANG 2771 STIPLING RD	SUNSHINE ART LLC					
Florida document number L14000106937 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NONE The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LC" or the ab	(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	is as it now appears on our lability Company)	records.)		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NONE The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 8771 STIRLING RD		bility Company v	were filed on JULY 7, 20)14	and assigne	rd
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Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) STRICT STIRLING RD STREET ADDRESS STREET ADDR						
(Principal office address MUST BE A STREET ADDRESS) 8771 STIRLING RD	The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the designation	n "LLC" or the ab	breviation "I #C."	••
(Principal office address MUST BE A STREET ADDRESS) 8771 STIRLING RD	Enter new principal offices address, if applicat	ble:	XIE. GANG		<u> </u>	
			8771 STIRLING RD		<u> </u>	
			COOPER CITY, FL 33:	328	SE SE	_¦[[
XIE, GANG			MIC CANC			C
Enter new mailing address, it applicable:	Enter new mailing address, if applicable:			-	ਾ ਉਂਜ਼ ੀ <i>ਹ</i>	·
	(Mailing address MAY BE A POST OFFICE BOX)					
COOPER CITY, FL 33328			COOPER CITY, FL 33.	328	<u></u>	
	Name of New Registered Agent:	XIE, GANG				
Name of New Registered Agent: XIE, GANG	Naw Pagistared Office Address	8771 STIRLING	G RD			
Name of New Registered Agent.	New Negistered Office Address.		Enter Florida stree	u address		
Name of New Registered Agent.		COOPER CITY	·	Elevida 33	328	
New Registered Office Address: 8771 STIRLING RD		Ç 6 (7) (3) (C) ()		, Fioriua		

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	CHEN, PING	8771 STIRLING RD	
		COOPER CITY, FL 33328	■ Remove
		<u></u>	□ Change
MGRM	XIE, GANG	8771 STIRLING RD	= Add
		COOPER CITY, FL 33328	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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			☐ Change
		 	☐ Remove
			☐ Change

NONE	· · · · · · · · · · · · · · · · · · ·	
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		SSEE.
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fective date, if other	than the date of filing:	(optional)
on effective date is listed, to te: If the date inserter	e date must be specific and cannot be prior to date of filing or in this block does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 605.0
cument's effective date	on the Department of State's records.	ing requirements, this date will not be listed
record specifies a	delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier
	the record is filed.	
ated 8/27/	Grand Suphature of a member or authorized representati	
0 V:	Grand	
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	Signature of a member or authorized representati	ve of a member

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Filing Fee: \$25.00