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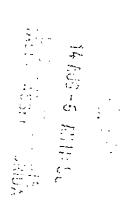
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COVER LETTER

TO: Registration Section > Division of Corporations

SUBJECT: C-Link Marketing 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:

David Landau

Name of Person

C-Link Marketing LLC

Firm/Company

3010 SW 25th ST

Address

Miami, Florida 33133

City/State and Zip Code

david.landau1@mac.com

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

For further information concerning this matter, please call:

David Landau

,,786<u>,</u>417-3533

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

C-Link Marketing LLC				_	
(Name of the Limited Liability C (A Florida Lin	iompany as it now appears on on inted Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Complete Florida document number <u>L14000117357</u>	pany were filed on July 2	25, 2014	and	assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company here:				
The new name must be distinguishable and end with the words "Limited	d Liability Company," the design	nation "LLC" or the	abbreviation	on "L.L.	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u></u>				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	 				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter	the na	me of	the ne
Name of New Registered Agent:			5.	-شدة با	
New Registered Office Address:				<u>(;)</u>	
	Enter Florida st		S 34 - 1	တ်	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	City	, Florida _	Zip C	ode "	-
New Registered Agent's Signature, if changing Registered A	gent;		. *		
I hereby accept the appointment as registered agent and		aits I finithan a	graa to o	omnh.	with th
rereby accept the appointment as registered agent and com-					

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> **Name** Address **Type of Action** Yanran Zhang **MGR** 4-12-3 Dahua Xixi Fengqing Residential Wen'er Street, Yuhang District Remove Hangzhou, Zhejiang Province, China 310000 □ Add ☐ Remove 🗀 Add ☐ Remove □ Add □ Remove ☐ Remove

_□ Remove

D., If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.)
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 control the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated July 30 and may	
Signature of a member or authorized represent David Landau	ntative of a member
Typed or printed name of sig	meo

Page 3 of 3

Filing Fee: \$25.00