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COVER LETTER

TO: Registration Division of	n Section Corporations	4	4
SUBJECT:	Name of Lim	CC YULING LLC ited Liability Company	
-	s of Amendment and fee(s) are sub	-	
-	12mber	Smalle (Name of Person	
	Aoyal Pu	Ple Mir Willing Firm/Company	ng LLC
	3840 Edge	Wood FVR Address	
	Ft. Myer	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information	on concerning this matter, please ca	all:	
Ambi (Smaller ne of Person	at (231) 440 - Area Code Daytime	ちゅう1 Telephone Number
Enclosed is a check for	or 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

The Articles of Organization for this Limited Liability Company were filed on M-31-14Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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>	<u>Name</u>	Address	Type of Action
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		310100 Helly Street Exmyers FL 33901	Remove
•			Change
FWP	Limai Smaller	3840 Edge wood Ave	Add
		3840 Edgewood Ave Ft. Myers FL33916	To Kemove
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