

L140001 31496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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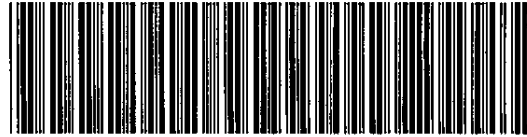
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32309

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACRA MEDIA GROUP 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:

Rui Zhao
Name of Person
ACRA MEDIA GROUP LLC
Firm/Company
1700 W New Haven Ave. SU 633
Address
Melbourne, FL, 32904
City/State and Zip Code
rui zhao2009@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rui Zhao at (786) 877 1053
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**

ACRA MEDIA GROUP LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8.18.2014 and assigned Florida document number L14000131496.

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 end with 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

Florida

Zip 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chongyan Han	3162 Brentwood Lane Melbourne, FL 32934	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Ci Chen	2301 Regent Dr. Abilene, Tx 79605	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Man Wong ✓	6404 Spruce mill Dr. Yardley, PA 19067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Chiu Hei Ng ✓	1 Jay CT Valley Stream, NY 11581	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Chialing Huang ✓	1318 ^{R.2} Star starlight Dr. Temple, Tx 76502	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Riteng Li ✓	P.O. Box 495 moody, ME 04054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(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 document is filed by the Florida Department of State)

Dated 8.29, 2014

Signature of a member or authorized representative of a member

Chongyan Han

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF COURT
CLERK OF COURT