# 14000156587

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### **COVER LETTER**

	egistration Sect ivision of Corpo			
SUBJECT	HE FU, LLC			
JOIN ECT	·	Name of Limi	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspond	lence concerning this matter	to the following:	
		XUE, Chun Lin		
		<u></u>	Name of Person	<del></del>
		HE FU, LLC		
			Firm/Company	
		12410 LAKE UNDERHIL	L ROAD	
			Address	
		ORLANDO, FL 32828		
			City/State and Zip Code	
		Yujun guo	68 @ 9 MGI/, COM.	
For further	information con	e-mail address; (i	·	canon)
XUE, Li B	lin		at (407) 655 - 8	3208.
	Name of F	Person	Area Code Daytime	Telephone Number
Enclosed is	s 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

HE FU, LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L14000156587		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		—————————————————————————————————————
		—————————————————————————————————————
		B + 53
Enter new mailing address, if applicable:		B-5/
(Mailing address MAY BE A POST OFFICE BOX)		A F
		7: CO
		<b>6</b> 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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
MGR	XUE, Li Bin	10525 Cabbage Tree Loop	
		Orlando, FL 32825	□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
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ctive date, if other than t	ne date of filing:		(opti	onal)
effective date is listed, the date n	block does not meet the app	plicable statutory fil	ing requirements, this	s date will not be listed a
iment's effective date on the	Department of State's reco	rds.		
acord aposition a dalar-	ad affactive data but	not an offentive	time at 12:01:	a m. on the earlier
ecord specifies a delay ne 90th day after the re		not an enective	: time, at 12.01 a	a.m. on the earner
zd		·		
/	2 1 2			
<u>CHUV</u>	Signature of a wiember or a	uthorized representati	ve of a member	

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Filing Fee: \$25.00