## L14 000165616

| (F                     | Requestor's Name)       |          |
|------------------------|-------------------------|----------|
| (/                     | Address)                | <u></u>  |
| (/                     | Address)                |          |
| (0                     | City/State/Zip/Phone #) |          |
| PICK-UP                | ☐ WAIT                  | MAIL     |
| (E                     | Business Entity Name)   | <u> </u> |
| (C                     | Document Number)        |          |
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| Special Instructions t | o Filing Officer:       |          |
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## COVER LETTER .

|                 | stration Sect<br>sion of Corpo |   |   |  |
|-----------------|--------------------------------|---|---|--|
|                 | A.G.T INN                      | OVATION LLC                                     |   |  |
| SUBJECT:        |                                | Name of Lim                                     | ited Liability Company  |  |
| The enclosed    | Articles of Ar                 | mendment and fee(s) are sub                     | mitted for filing.  |  |
| Please return   | all correspond                 | lence concerning this matter                    | to the following:   |  |
|                 |                                | HONGWEI SHANG                                   |   |  |
|                 |                                |   | Name of Person  | , <u> =</u>  |
|                 |                                | THE LAW OFFICE                                  | OF HONGWEI SHANG, LLC   |  |
|                 | Firm/Company                   |   |   |  |
|                 |                                | 9130 S. DADELAND                                | BLVD, SUITE 1620  |  |
|                 |                                |   | Address   |  |
|                 |                                | MIAMI,FL 33156                                  |   |  |
|                 |                                |   | City/State and Zip Code   |  |
|                 |                                | HSHANGLAW@GM                                    | AIL.COM to be used for future annual report notific                 | - Francis  |
| For further inf | formation con                  | cerning this matter, please ca                  | ·   | ation) .   |
| HONGWE          | SHANG                          |   | 786 5819759   |  |
|                 | Name of P                      | erson   | at () Area Code Daytime   | l'elephone Number  |
| Enclosed is a   | check for the                  | following amount:                               |   | <b>~</b>   |
| □ \$25.00 Fil   |                                | □ \$30.00 Filing Fee &<br>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

| A.G.T INNOVATION LLC  |   |                                     |
|---|---|-------------------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I  | ny as it now appears on our records.) Liability Company)                          |                                     |
| The Articles of Organization for this Limited Liability Company Florida document number L14000169810  | were filed on OCTOBER 31,2014   | _ and assigned                      |
| This amendment is submitted to amend the following:   |   |                                     |
| A. If amending name, <u>enter the new name of the limited liab</u>  | ility company here:   |                                     |
| The new name must be distinguishable and end with the words "Limited Liab   | ility Company," the designation "LLC" or the abb                                  | reviation "L.L.C."                  |
| Enter new principal offices address, if applicable:   |   |                                     |
| (Principal office address MUST BE A STREET ADDRESS)   | <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 o registered agent and/or the new registered office address her   |   | e name of the ne                    |
| Name of New Registered Agent:   |   |                                     |
| New Registered Office Address:  |   |                                     |
|   | Enter Florida street address  | A 所 8                               |
|   | , Florida   | 52 = 1                              |
|   | City  | -Zip Code                           |
| New Registered Agent's Signature, if changing Registered Agent:   |   |                                     |
| I hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am fæ<br>provided for in Chapter 605, F.S. Or, if | niliar With and<br>this document is |
| If Cha  | nging Registered Agent, <u>Signature of New Regi</u>                              | stered 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>      | Address         | Type of Action |
|--------------|------------------|-----------------|----------------|
| MGM          | ZHONGSHENG ZHANG | 6902 NW 50TH ST | □ Add          |
|              |                  | MIAMI, FL 33166 | ■ Remove       |
|              |                  |                 | Add            |
|              |                  |                 | □ Remove       |
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| If amending any other information, enter ch  | nange(s) here: (Attach additional sheets, if necessary.)          |
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| Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Departmen | te of receipt or filed date and cannot be more than 90 days after |
| Dated November 10  | 2014  |
| Dateu,   | • •   |
| A  |   |
| Signature of a n   | nember or authorized representative of a member                   |
| HONGWEI SHANG  |   |
|  | Typed or printed name of signee                                   |

Page 3 of 3

Filing Fee: \$25.00

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