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COVER LETTER

Division of Corp	
TIAN YU	US SERVICE LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	JIN CHEN
	Name of Person
	JIN CHEN CPA, P.A.
	Firm/Company
	4932 Distribution Dr.
	Address
	Tampa, FL 33605
	City/State and Zip Code
	jinchencpapa@gmail.com E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Abby Chiang	813 999-1194at () Person Area Code Daytime Telephone Number
Name of	Person Area Code Daytime Telephone Number
,	
Enclosed is a check for the	e following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

TIAN YU US SERVICE LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were for Florida document number <u>L14000180282</u> .	iled on 11/20/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
The new name must be distinguishable and end with the words "Limited Liability Co	mpany," the designation "LLC" or the ab	obreviation "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 a registered agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	the name of the nev
Name of New Registered Agent:		<u>S</u> ≥ 1 5000
New Registered Office Address:	Enter Florida street address	SEC. FLOS
	ty	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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Type of Action **Address** <u>Title</u> <u>Name</u> 8250 SW 116TH ST. MIAMI, FL 33156 MGR **PENGFEI WANG** ■ Add ☐ Remove _ Add ☐ Remove _□ Add ☐ Remove _□ Remove

		
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	e of filing: prior to date of receipt or filed date and cannot Department of State)	(optional) of be more than 90 days after
date this document is filed by the Florida		(optional) of be more than 90 days after
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