## U50000020512

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## **COVER LETTER**

TO: Registration So Division of Cor				
	GROUP USA, LLC			i
SUBJECT:	Name of Lin	nited Liability Company		i i
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		•
Please return all correspo	ondence concerning this matter	to the following:		
	XIANMING QIDIAO			
	<del> </del>	Name of Person		1
	MIRACLE GROUP USA	, LLC		! :
		Firm/Company		
	1825 EAGLE BEAM RO.	AD	C.	. ~ 1
	<del> </del>	Address	Z.C	2
	WINTER GARDEN, FL3	34787	LLA!	
	WANGXUE122@GMAIL	City/State and Zip Code COM	ASSE	1821 JUL -8 PM
	E-mail address: (	to be used for future annual report noti	fication)	ြည့္ပါ
For further information of	concerning this matter, please of	all:	الله AIW	3: 03
XUE WANG		305 498-3721 at ( )		,
Name of Person Area Code Daytime Telephone Num		e Telephone Number	-	
Enclosed is a check for t	he 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 For Certificate of Structured Copy (additional copy is	tatus &
Mailing Address Registration of C P.O. Box 632 Tallahassee,	Section Corporations 27		porations fallahassee e Street, Suite 810	
		Tallahassec, FL	32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MIRACLE GROUP USA, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)	•
The Articles of Organization for this Limited Liability Company lorida document number 1.15(00020512	were filed on February 3, 2015	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
MAMI CITY INVESTMENT GROUP USA, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		S 231
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		JUL -8 PH 3: LAHASSEE, F
i. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	zina z no nac su est cataless	
	, Florida	Zip Code
	No. 16 F	LID COOK!

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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
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If an effective date is listed, the date Note: If the date inserted in thi	must be specif	ic and cannot be p	prior to d plicable	ate of filing	or more than filing requir	90 davs after	filing.) Pursua	ant to 605,020 at be listed a
document's effective date on th	e Departmen	t of State's reco	ords.	•				
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Filing Fee: \$25.00