L15000064548

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 0 [illegible] 2015

To Division of Corp.

Please make the change

Thank you for your help.

Xin Zhao

407-496-5465

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Shiliang 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:

X/N ZHAO
Name of Person

Firm/Company

13506 Summerport Village PKWY, #155
Address

Windermere, FL 34786
City/State and Zip Code

Czhaowork@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

X/N ZHAO at (407) 496-5465
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

TO
ARTICLES OF ORGANIZATION
OF

ShiLiang 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 03/19/2015 and assigned Florida document number L15000064548.

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)

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TALLAHASSEE, FLORIDA

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: XIN ZHAO

New Registered Office Address: 13506 Summerport Village PKWY, Suite #155
Enter Florida street address

Windermere, **Florida** 34786
City *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

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Blossom Group Limited.	suite 2105, 21/F, Wing On Centre	☒ Add
		111, Connaught Road Central	☐ Remove
		Hong Kong	
MGR	XIN ZHAO	13506 Summerport Village PKWY	☐ Add
		Suite 155	☐ Remove
		Windermere, FL 34786	☒ change address
			☐ Add
			☐ Remove
MRG	John Streleckey	13506 Summerport Village PKWY	☐ Add
		Suite 155	☐ Remove
		Windermere FL 34786	☒ change address
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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 _____, _____.

_____

Signature of a member or authorized representative of a member

XIN ZHAO

Typed or printed name of signee

Filing Fee: $25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA