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COVER LETTER

TO:

Registration Section Division of Corporations

ICYINN TRADING 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:

RenFang Zhou

Name of Person

ICYINN TRADING LLC

Firm/Company

295 NW Commons Lp. Ste 115-167

LAKE CITY, FL 32025

City/State and Zip Code

jiali.zhou@jjglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jiali Zhou

 $\text{at} \underbrace{(\frac{386}{\text{Area Code}})}_{\text{Area Code}} \underbrace{\frac{3448510}{\text{Daytime Telephone Number}}}$

Name of Person

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)

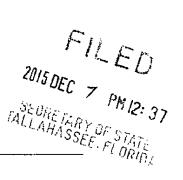
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ICYINN TRADING LLC

company has been notified in writing of this change.

(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 v	vere filed on 08/13/2015	and assigned
Florida document number L15000138216		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Cates were active address if anylicable.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off		he name of the new
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
Non-Devices of Office Address.		
New Registered Office Address:	Enter Floridu street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am fa rovided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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	Jiali Zhou	295 NW Commons Lp.	■ Add
		Ste 115-167	□ Remove
		Lake City, FL 32025	Change
AMBR	RenFang Zhou	295 NW Commons Lp.	≡ Add
		Ste 115-167	☐ Remove
		Lake City, FL 32025	Change
			□ Add
			Remass DE 7 PH 12:
			Change
			□ Remove
			Change
			□ Remove
			☐ Change

fective date must be specific, cannot be prior to date of receipt or filed date and cannute this document is filed by the Florida Department of State)	•
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retive date, if other than the date of filing: Tective date must be specific, cannot be prior to date of receipt or filed date and cannot ate this document is filed by the Florida Department of State) Id 12/04/20/5, Ren Fang 2hou Signature of a member or authorized representation	ot be more than 90 days after

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDS