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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ied Copies Certificates of Status cial Instructions to Filing Officer:	
, (Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

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COVER LETTER

TO: Registrat Division	of Corporations -
Jufer SUBJECT:	ng Highpoint Tech L.L.C.
30b3EC1;	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Yan Lang
	Name of Person
	Jufeng Highpoint Tech L.L.C.
	Firm/Company
	3428 Kayla Circle
	Address
	Oviedo, FL 32765
	City/State and Zip Code
	lyizu@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Yan Lang	407 3997574 at ()
N	at () Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
□ \$25.00 Filing F	Fee \$\Bigsquare\sqrt{30.00 Filing Fee & Certificate of Status}\$\Bigsquare\sqrt{255.00 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

FIL	LED
2016 MAP	
2016 MAR -7	AM 11:5

Jufeng Highpoint Tech L.L.C. (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 10/12/2015 Florida document number L15000173467 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 contain 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) 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: New Registered Office Address: Enter Florida street address _, Florida _

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.

City

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
AMBR	Shuwen Chang	3428 Kayla Circle	
		Oviedo, FL 32765	■ Remove
			Change
AMBR	Zhaohui Han	3428 Kayla Circle	B Add
		Oviedo, FL 32765	☐ Remove
			Change
AMBR	Jianli Guo	5506 Quarry Hill Dr.	Add
		Fitchburg, WI 53711	Remove
			☐ Change
AMBR	Yan Lang	3428 Kayla Circle	Add
		Oviedo, FL 32765	□ Remove
			■ Change
			Add
			Remove
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an effecti	ve date is listed,	the date must be	specific and	cannot be p	rior to date of	filing or more	than 90 days	after filing.) I	Pursuant to 605	5.02
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record The 90	d specifies a th day afte	a delayed ef er the record	is filed.			fective tim	e, at 12:(01 a.m. o	n the earlie	er (
ated	Feb	2.29,	<u>-</u> ,	201	<u>6</u>					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00