

L15000173467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100282752291

03/07/16--01016--006 **30.00

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

2016 MAR -7 AM 11:57

FILED

K. SALLY
EXAMINER

MAR -9

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jufeng Highpoint Tech L.L.C.

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:

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 information concerning this matter, please call:

Yan Lang

407 3997574
at (_____) _____

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

FILED

2016 MAR -7 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Shuwen Chang	3428 Kayla Circle	<input type="checkbox"/> Add
		Oviedo, FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Zhaohui Han	3428 Kayla Circle	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jianli Guo	5506 Quarry Hill Dr.	<input checked="" type="checkbox"/> Add
		Fitchburg, WI 53711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Yan Lang	3428 Kayla Circle	<input type="checkbox"/> Add
		Oviedo, FL 32765	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 11 2016
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2016 MAR -7 AM 11:58
SIGNATURE DEPT. OF STATE
TALLAHASSEE, FL 32310

E. Effective date, if other than the date of filing: 02/29/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Feb. 29, 2016

Jianli Guo
Signature of a member or authorized representative of a member

Jianli Guo

Typed or printed name of signee