

| (Re  | questor's Name)   |           |
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| (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: | e #)              |           |
| PICK-UP  | ☐ WAIT            | MAIL .    |
| (Bu  | siness Entity Nar | ne)       |
| (Do  | cument Number)    |           |
| Certified Copies   | _ Certificates    | of Status |
| Special Instructions to  | Filing Officer:   |           |
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## **COVER LETTER**

| Division of Cor            | -  |   |   |
|----------------------------|--|---|---|
| YUANDA                     | FUSHENG, LLC                                 |   |   |
| SUBJECT:                   | Name of Lim                                  | ited Liability Company  |   |
|                            |  |   |   |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo | ondence concerning this matter               | to the following:   |   |
|                            | Wenjing Gao                                  |   |   |
|                            |  | Name of Person  |   |
|                            |  |   |   |
|                            |  | Firm/Company  |   |
| •                          | 925 Belvoir Dr                               |   |   |
|                            |  | Address   | <del></del>   |
|                            | Davenport, FL 33837                          |   |   |
|                            |  | City/State and Zip Code   |   |
|                            | 980928848@qq.com                             |   |   |
|                            | E-mail address: (                            | to be used for future annual report notifi-                         | cation)   |
| For further information of | concerning this matter, please co            | all:  |   |
| Wenjing Gao                |  | 425 7535197<br>at ( )   |   |
| Name o                     | of Person                                    |   | 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 Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

Registration Section \*

TO:

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

| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent: | our records, enter the         | name of the        |
|---|--------------------------------|--------------------|
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:   | our records, enter the         | name of the        |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on   | our records, enter the         | PP 18 name, of the |
| (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on   | our records, enter the         | PD 8               |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                | 1 PP 1 8           |
|   |                                | ) PP               |
|   | ·                              | <u> </u>           |
| Enter new mailing address, if applicable:   |                                |                    |
|   |                                |                    |
| (Principal office address MUST BE A STREET ADDRESS)  ——————————————————————————————————   |                                |                    |
|   |                                | . <u></u>          |
| Enter new principal offices address, if applicable:   |                                |                    |
| The new name must be distinguishable and contain the words "Limited Liability Company," the des   | ignation "LLC" or the abbrevia | ation "L.L.C."     |
| A. If amending name, enter the new name of the limited liability company her  | 2:                             |                    |
| This amendment is submitted to amend the following:   |                                |                    |
| Florida document number L16000018200  |                                |                    |
| The Articles of Organization for this Limited Liability Company were filed on   | ary 26, 2016                   | and assigned       |
|   |                                |                    |
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)  |                                |                    |

## 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

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          | WENJING GAO | 925 BELVOIR DR                         | ■ Add            |
|              |             | DAVENPORT, FL 33837                    | ☐ Remove         |
|              |             |  | ☐ Change         |
|              |             | _                                      | Add              |
|              |             |  | Remove           |
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|                     |  |                    |                                       |                                       |                                       |                  |                |   |
| fective date, i     | f other than th                          | he date of fili    | ng:                                   |                                       |                                       | (option          | nal)           |   |
| an effective date i | s listed, the date m<br>inserted in this | nust be specific a | nd cannot be p                        |                                       |                                       | 90 days after fi | iling.) Pursua |   |
|                     | tive date on the                         |                    |                                       |                                       | ory mang roqui                        |                  |                | ou hate   |
|                     |  |                    |                                       |                                       |                                       |                  |                |   |
|                     | cifies a delaye<br>y after the re        |                    |                                       | not an effe                           | ective time,                          | at 12:01 a.      | m. on the      | e earlier   |
| THE SOUT GE         | y arter the re                           | cord is filed      | 4.                                    |                                       |                                       |                  |                |   |
| ated /              | c Apr.                                   | 2016               |                                       |                                       |                                       |                  |                |   |
| icu                 | 5. Apr<br>Ge                             |                    |                                       | ·                                     |                                       |                  |                |   |
|                     | (ze                                      | Theng              |                                       |                                       |                                       |                  |                |   |
|                     |  |                    |                                       |                                       |                                       |                  |                |   |

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Filing Fee: \$25.00