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(Re	questor's Name)	
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JUN 0 6 2016 S. YOUNG

COVER LETTER

	gistration Sec ision of Corp			
oup ic cr	XIN YUA	N, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		ANGELINA C. LI		
			Name of Person	
		JAL ACCOUNTING P.A.		
		** **	Firm/Company	
		3363 SHERIDAN STREE	T STE 214	zio.
			Address	· · · · · · · · · · · · · · · · · · ·
		HOLLYWOOD, FL 3302	1	TALLANASSEL PH 5: 58
			City/State and Zip Code	SEE
		ANGEL@JALACCOUNT	NG.COM to be used for future annual report notification)	7
For further is	nformation co	oncerning this matter, please ca		or or
ADUO DAI			305 928-7777	
	Name o	f Person	at () Area Code Daytime Telephone Number	
		ne following amount:	■ \$55.00 Filing Fee & □ \$60.00 Filing	, Fee
□ \$25.00 i	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Co (additional copy Certified Co (additional copy Certified Co (additional copy Certified Co	of Status & opy
		ING ADDRESS:	STREET/COURIER ADDRESS:	
	Divisio	ration Section on of Corporations	Registration Section Division of Corporations	
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XIN YUAN, LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number L16000024783	oility Company	were filed on FEB 04, 20	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
NONE			
The new name must be distinguishable and contain the work	ds "Limited Liabil	ity Company." the designation	"LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicab	de:	NONE	24
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	NONE	
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, enter the name of the new
Name of New Registered Agent:	NONE		
New Registered Office Address:			
		Enter Florida street	nddress
			_, Florida
		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

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	WEN CHEN	4960 TAMIAMI TRAIL N	□ Add
		NAPLES, FL 34103	■ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Add
			□ Remove
			Change
			Change Add
			□ Remoye.
			□ Remove.
			□ Remove
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			☐ Remove
			☐ Change
	-		□ Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: IUNE 1, 2016 (optional)				
Effective date, if other than the date of filing: 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 (3.2000) 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. The 90th day after the record is filed.				
Effective date, if other than the date of filing: JUNE 1, 2016 (optional)				
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Dated & $f/26/16$. Adward Signature of a member or authorized representative of a member			٥f٠	:
Signature of a member or authorized representative of a member	ne re		٠	
Signature of a member or authorized representative of a member	he ro Th	e 90th day after the record is filed.		
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Filing Fee: \$25.00