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BIVISION OF CURTOCALIDAS

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COVER LETTER

Division of Corp	oorations		
CHD IPZT.		ENTERPRISES LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
		CYNTHIA OUYANG	
		Name of Person	
	ZHA	NG & ASSOCIATES CPA PA	
		Firm/Company	
	13	000 NE 191ST ST #311	
		Address	
	N	ИІАМІ, FL 33179	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report-notifi	cation)^+
For further information co	oncerning this matter, please ca	T 150 by**	
CYNTHIA OUYANG		305 919-7672	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

Registration Section Division of Corporations 'P.O: Box 6327 Tallahassee, F1, 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

NG INT'L ENTERPRIS	ES LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{1.16000065811}{1.0000065811}$.	were filed on	04/04/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the c	designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	4739 N. OC	EAN DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	SEA RANC	H LAKES, FL 33308	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EAN DRIVE H LAKES, FL 33308	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address or	our records, <u>enter</u>	= 1
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	<u> </u>
		, 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

Title	<u>Name</u>	Address		
VP	WU JINXING	5271 SW 155TH AVE		
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ective date, if other than the effective date is listed, the date is: If the date inserted in this ument's effective date on the	must be specific a block does not	nd cannot be p imeet the app	olicable stati	filing or more story filing re	han 90 days aft	tional) er filing.) Pur nis date will	suant to 605.1 not be listed	020 d 2
record specifies a delay he 90th day after the r	ved effective ecord is filed	date, but J.	not an eff	ective tim	e, at 12:01	a.m. on	the earlie	r
ed		- , 2016	Ange	<u>lu</u>				

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Filing Fee: \$25.00