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PICK-UP WAIT MAIL
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(Document Number)
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06/11/24--01039--024 \*\*25.00



## COVER LETTER

TO: Registration Division of Co					
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		HOU, FENGCHAO			
		Name of Person			
		YA GUAN USA LLC			
Firm/Company					
2330 SALZEDO STREET					
		Address			
		CORAL GABLES, FL 33134			
		City/State and Zip Code			
		EST1688@GMAIL.COM			
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	tification)		
	HOU, FENGCHAO	786 354 1708			
Name	of Person		me 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 Addr		Street Aggress:	-align		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 63	21	ine Centre of Lallanassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YA GUAN USA LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Clorida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	2024 SEC
NONE		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	NONE	10: 57
inter new mailing address, if applicable:	NONE	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:		e name of the new registe
Name of New Registered Agent:	NONE	
New Registered Office Address:	NONE	
	Enter Florida street address	
<u> </u>	Flori	
	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 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

Fitte	Name	<u>Address</u>	Type of Action
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