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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

US NEWTECH LLC

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:

MICHAEL K FISH

Name of Person

MICHAEL K FISH, CPA

Firm/Company

7700 N KENDALL DR STE 405

Address

MIAMI, FL 33156

City/State and Zip Code

MIKE@MKFISHCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL K FISH

ູ,305、279-8484

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US NEWTECH LLC		
(Name of the Limited Liability Con (A Florida Limit	touny as It now supears on our records ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L16000085552</u>	ny were filed on <u>05/04/2016</u>	and assigned
This amendment is submitted to amend the following:		i
A. If amending name, enter the new name of the limited li	ability company here:	
US NEWTEC LLC		
The new name must be distinguishable and end with the words "Limited I	iability Company," the designation "LLC.	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	The second secon
(Principal office address MUST BE A STREET ADDRESS		建满 等
		SE W
,		62 - M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		0 H
		≅ ₩ ₩
B. If amending the registered agent and/or registered registered agent and/or the new registered office address is		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>itle</u>	Name	Address	Type of Action
			
			Remove
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			Add
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Page 2 of 3

).	If amending any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)
	<u></u>	
	Effective date, if other than the date of filing:	(optional)
•	(The effective date must be specific, cannot be prior to date of r the date this document is filed by the Florida Department of S	receipt or filed date and cannot be more than 90 days after
	Dated 27TH OF OCTOBER, 2	016
	Signature of a marrie	er or authorized representative of a member
	YING CUI	
	Турс	ed or printed name of signee

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Filing Fee: \$25.00

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