# 116000087510

| (Re                     | equestor's Name)  |  |
|-------------------------|-------------------|--|
| (Ad                     | dress)            | <u>.                                    </u> |
| (Ad                     | dress)            |  |
| (Cit                    | y/State/Zip/Phone | #)   |
| PICK-UP                 | ☐ WAIT            | MAIL   |
| (Bu                     | siness Entity Nam | ne)  |
| (Do                     | cument Number)    |  |
| Certified Copies        | _ Certificates    | of Status                                    |
| Special Instructions to | Filing Officer:   |  |
|                         |                   |  |
|                         |                   |  |
|                         |                   |  |

Office Use Only



000306234580

12/04/17--01007--013 \*\*30.00

TALLANDA MA 12: 40



### **COVER LETTER**

| TO: Registration So<br>Division of Cor |   |  |  |
|--|---|--|--|
| MENG XI                                | ANG 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:  |  |
|  | GUILAN DAI  |  |  |
|  |   | Name of Person   | <del></del>  |
|  | MENG XIANG LLC  |  |  |
|  |   | Firm/Company   | <del> </del>   |
|  | 5920 WILKINSON RD A   | PT 211   |  |
|  |   | Address  |  |
|  | SARASOTA FL 34233   |  |  |
|  |   | City/State and Zip Code  |  |
|  | 734MENGXIANG@GMA  | IL.COM to be used for future annual report notifi                                | cation)  |
| For further information c              | concerning this matter, please co                               |  |  |
| GUILAN DAI                             |   | 626 592-7219   |  |
| Name o                                 | of Person   |  | Telephone Number   |
| Enclosed is a check for the            | 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, Certificate of Status & Certified Copy (additional copy is enclosed) |
|  |   |  |  |
| Registi<br>Divisio                     | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327 | STREET/COURIE<br>Registration Section<br>Division of Corpora<br>Clifton Building | ı  |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MENG XIANG LLC   |   |   |  |
|--|---|---|--|
| ( <u>Name of the Lim</u>   | ited Liability Compar<br>(A Florida Limited L | ny as it now appears on our records.<br>iability Company) |  |
| The Articles of Organization for this Limited Included In |   | were filed on 5/3/2016                                    | and assigned                           |
| This amendment is submitted to amend the fol   | llowing:                                      |   |  |
| A. If amending name, enter the new name  | of the limited liabi                          | lity company here:  |  |
| The new name must be distinguishable and contain the   | words "Limited Liabil                         | ity Company," the designation "LLC"                       | or the abbreviation "L.L.C."           |
| Enter new principal offices address, if appli  |   |   | - En -                                 |
| Principal office address MUST BE A STREET ADDRESS)   |   |   | E E                                    |
| · · · · · · · · · · · · · · · · · · ·  | <u> </u>                                      |   | 基一                                     |
|  |   |   | 10000000000000000000000000000000000000 |
| Enter new mailing address, if applicable:  |   |   | <b>編し</b> わ                            |
| Mailing address MAY BE A POST OFFICE BOX)  |   |   | 5 5 E                                  |
|  |   |   |  |
| 3. If amending the registered agent and registered agent and/or the new registered of  | 4,  |   | enter the name of the                  |
| Name of New Registered Agent:  | LAS AMERICA                                   | AS NOTARY & TAX SERVICES                                  |  |
| New Registered Office Address:   | 5290 GOLDEN                                   | GATE PKWY   |  |
|  |   | Enter Florida street address                              |  |
|  | NAPLES  | Flor  | rida 34116                             |

#### 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.

Civ

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

## 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 |
|--------------|-------------|--------------|----------------|
|              | <del></del> |              |                |
|              |             |              | ☐ Remove       |
|              |             |              | ☐ Change       |
| <del></del>  | <del></del> |              |                |
|              |             |              | □ Remove       |
|              |             |              | Change         |
|              |             | <del> </del> |                |
|              |             |              | Remove         |
|              |             | <del></del>  | Change         |
|              |             |              |                |
|              |             |              | ☐ Remove       |
|              |             |              | ☐ Change       |
|              |             | <del> </del> | 🗆 Add          |
|              |             |              | □ Remove       |
|              |             |              | ☐ Change       |
|              | <del></del> |              | 🖸 Add          |
|              |             |              | □ Remove       |
|              |             |              | ☐ Change       |

|   |   |                              | - <del></del>                           |
|---|---|------------------------------|---|
|   |   |                              |   |
|   |   |                              |   |
|   |   |                              |   |
|   |   |                              | <del></del>                             |
|   |   |                              |   |
|   |   |                              |   |
|   |   |                              | _                                       |
|   |   |                              | <del></del>                             |
|   |   | <u> </u>                     |   |
|   |   |                              |   |
|   |   |                              |   |
|   |   |                              | . 55 5                                  |
|   |   |                              |   |
|   |   |                              | 居 丁                                     |
|   |   |                              | · · · · · · · · · · · · · · · · · · ·   |
|   |   | <del></del>                  | THE O                                   |
|   |   |                              | 34.00<br>12.12.1                        |
|   |   |                              | 6 to                                    |
|   |   |                              |   |
|   |   |                              |   |
| T. Effective data if ather than the   | data of filippy                           |                              | _ (optional)                            |
| <ol> <li>Effective date, if other than the<br/>(If an effective date is listed, the date mus</li> </ol> | t be specific and cannot be prior to c    |                              | days after filing.) Pursuant to 605,020 |
| Note: If the date inserted in this ble document's effective date on the De                              |   | statutory filing requirement | ents, this date will not be listed a    |
|   | •   |                              |   |
| f the record specifies a delayed  |   | n effective time, at 1       | .2:01 a.m. on the earlier o             |
| b) The 90th day after the rec   | ord is filed.                             |                              |   |
| NOV 27  | 2017                                      |                              |   |
| Dated   | ·   |                              |   |
| Dated   | -   |                              |   |
| Dated NOV.27  GWILAN  | PRI<br>Signature of a member or authorize |                              |   |

Page 3 of 3

Filing Fee: \$25.00