## 16000105360

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## COVER LETTER

Division of Cor				
SUBJECT: TON FUN	NORTH AMERICA LLC			
	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
	ndence concerning this matter to			
	renjie liu	Name of Person		
	control laser corp			
		Firm/Company		
	8251 Presidents Drive	Address		
	Orlando, Florida, 32809			
	rodger.renjieliu@gmail.com	City/State and Zip Code		
	E-mail address: (to	be used for future annual report notif	fication)	
For further information co	oncerning this matter, please cal	ll:		
renjie liu		at (407 ) 5797203		
Name o	Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Fiting 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 enclose	
Mailing Addres	a•	Street Address:		ر. د
Registration S		Registration Sec	ction	•
Division of C		Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee, I	°L 32314	2415 N. Monroe Tallahassee, FL	e Street, Suite 810 . 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TON FUN NORTH AMERICA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(11.10.100.100.100.100.100.100.100.100.1	authory transport		
The Articles of Organization for this Limited Liability Company	were filed on 31st Ma	ıy 2016	and assigned
Florida document number L16000105360			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Orlando Control Systems LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	***		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our recor	is, <u>enter the name</u>	of the new registere
New Registered Office Address:			
New Registered Office Address.	Enter Florida st	reet address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my o provided for in Chap	luties, and 1 am fa ter 605, F.S. Or, ij	miliar with and Tthis document is

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>	Name	Address	Type of Action
			[]Add
			□Remove
			☐ Change
			□Remove
			□Remove
			□Change
			□Remove
			[] Change
			□Add
			Remove
			□ Change
			, □Remove
			□ Channa

Effec	tive date, if other than the date of filing:
	fective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	nent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is t	iled.
	2021
Datec	16th Sep 2024
	2 en jue Lin
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00