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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PE LEGEND, LL	.C		
	Name of Limited Liabili	ity Company	_
Dear Sir or Madam:			
The enclosed Statement of Correction and fee(s) a	re submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
YUE FENG			
Name of Person			
PE LEGEND, LLC			
Firm/Company			
13187 OATMAN DR			
Address			
RANCHO CUCAMONGA	, CA 91739		
City/State and Zip Code			SEC s
STELLAY0404@GMA	IL.COM		NOV TO
E-mail address: (to be used for future annual	report notification)		NAN AND INC.
			E PR
For further information concerning this matter, plo	ease call:		犯罪な
YUE FENG	319)	512-8828	DA 26
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	F C F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	
Enclosed is a check for the following amount:			
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	Int to section 605,0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: PE LEGEND, LLC
SECO	
THIR	ΔΡΤΙΟΙ Ες ΟΕ ΟΡΩΛΝΙΙΖΑΤΙΟΝ
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
x	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	THE REGISTERED AGENT AND THE AUTHORIZED PERSON SHOULD BE YUE FENG, RATHER THAN RUI FENG
	THE NAME WAS WRONGLY TYPED. PLEASE HELP ADJUST THE REGISTERED AGENT NAME
	AND THE NAME OF PERSON AUTHORIZED TO MANAGE LLC TO YUE FENG. THANK YOU.
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	THE STATE OF THE S
	OR PROPERTY OF THE PROPERTY OF
	The electronic transmission of the record was defective.
	Signature of Authorized Representative Date
	ure of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign ng the designation).
I hereb provisi obligat reflect	egistered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the tions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing change. Registered agent's Signature Filing Fee: S25.00 Certified Conv. \$30.00 (ontional)