

216000209092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

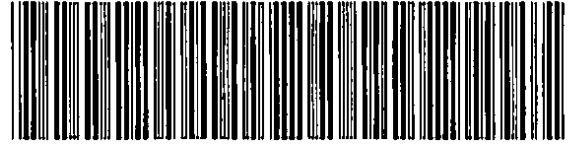
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000316273340

07/30/18--01038--017 **25.00

18 JUL 23 AM 8:24

T. CLINE

AUG - 6 2018

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GINGER GROUP 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:

JESSE LI
Name of Person

BTF TAX INC.
Firm/Company

135-15 40TH ROAD, SUITE 503
Address

FLUSHING, NY 11354
City/State and Zip Code

TAX102215@GMAIL.COM
E-mail address: (to be used for future annual report notification)

18 JUL 30 AM 8:24

For further information concerning this matter, please call:

JESSE LI at 718 463-0299
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**

GINGER GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/15/2016 and assigned Florida document number 1.16000209092.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N.A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2366 SURFSIDE BLVD., SUITE C-101 18
CAPE CORAL, FL 33991 JUN 18

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2366 SURFSIDE BLVD., SUITE C-101 18
CAPE CORAL, FL 33991 JUN 18

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

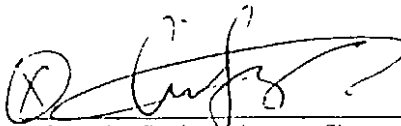
Name of New Registered Agent: CUIFENG LI

New Registered Office Address: 2366 SURFSIDE BLVD., SUITE C-101
Enter Florida street address

CAPE CORAL, Florida 33991
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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LI, CUIFENG	4632 WEST DR, FORT MYERS	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIANG, JIN MOU	4632 WEST DR, FORT MYERS	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

