## 117000028831

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PAIN JUL 13 AM IO: 15

J. HARRIS

## **COVER LETTER**

Division of C	Corporations				
SUBJECT:	INOSE LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
		JUYING KRUG			
Name of Person					
	INOSE LLC				
	Firm/Company				
		67 NICHOLAS CT.			
		Address	<del></del>		
Name of Person  INOSE LLC  Firm/Company  67 NICHOLAS CT.  Address  ORMOND BEACH, FL. 32176  City/State and Zip Code  JUYINGKRUG@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JUYING KRUG  at (					
	City/State and Zip Code				
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:  JUYING KRUG  Name of Person  INOSE LLC  Firm/Company  67 NICHOLAS CT.  Address  ORMOND BEACH, FL, 32176  City/State and Zip Code  JUYINGKRUG@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JUYING KRUG  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{align*} \text{S25.00 Filing Fee} \Bigsin \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certificate of Status  Certificate Of Status  Certificate Of Status  Certificate Of Status					
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:  JUYING KRUG  Name of Person  INOSE LLC  Firm/Company  67 NICHOLAS CT.  Address  ORMOND BEACH, Fl. 32176  City/Ntate and Zip Code  JUYINGKRUG@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JUYING KRUG  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} 240 & 4781785 & \text{Area Code} \text{Daytime Telephone Number}  Enclosed is a check for the following amount:  \$\Begin{array} 2525.00 \text{Filing Fee} & \text{S55.00 Filing Fee} & \text{Certified Copy} & \text{Certified Copy} \text{Certified Copy} & \text{Certified Copy}					
For further information	n concerning this matter, please ca	all:			
JUYE	NG KRUG				
Nan	ne of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check fo	or the following amount:				
\$25.00 Filing Fee		Certified Copy	Certificate of Status &		

MAILING ADDRESS:

TO: Registration Section

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



June 22, 2017

JUYING KRUG 67 NICHOLAS CT ORMOND BEACH, FL 32176

SUBJECT: INOSE LLC

Ref. Number: L17000028831

ZIII JUL 13 AH IO: 15

We have received your document for INOSE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

New registered agent name, address and signature is missing. Please indicate if you are adding, removing or changing AMBR Iris Yinglu Yao Liu.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00012716



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INOSE LLC		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	<u> </u>
he Articles of Organization for this Limited Liability Company were filed on	2/6/17	and assigned
lorida document numberL17000028831		
this amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company he	re:	
he new name must be distinguishable and contain the words "Limited Liability Company." the de-	esignation "LLC" or the	: abbreviation "L.L.C."
Inter new principal offices address, if applicable:		721 E
Principal office address MUST BE A STREET ADDRESS)		5.G & 11
	<u> </u>	表記 一
		SET >
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	. <del>_</del>	<b>₩</b>
3. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here:	our records, ente	er the name of the
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
Enter Flor	ida street address	
	, Florida	
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>	Address	Type of Action
MGR	JUYING KRUG	67 NICHOLAS CT, ORMOND BEACH . FL 321	7 <i>6</i> 
		<del></del>	Remove
			Change
AMBR	IRIS YINGLU YAO LIU	1445 S INDIANA AVE. CHICAGO, 12. 6060	2 <b>5</b> ■ Add
			Remove
			Change
	<del></del>		🗆 Add
			Remove
		<del></del>	Change
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			AHASSEE FILDAGA
			₩ A <b>66</b>
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			Change

. If amending any other information	on, enter change(s) he	ere: (Attach additi	ional sheets, if nece	ssary.)	
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Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the app	licable statutory filii	(option one than 90 days after the open control of the open control of the option of the optio	onal) filing.) Pursuant to 60: date will not be list	5.0207 (3)(b led as the
the record specifies a delayed e ) The 90th day after the recor	effective date, but indicated in the date of the date.	not an effective	time, at 12:01 a	2017 Seri	er of:
Dated		<u> </u>		JUL 13 CAETANY CAHASSE	
	7""	Kny		C1 ~~	Parting.
S	gnature of a member or ac	thorized representativ	e of a member	AH IO:	111
	JUYING KR	UG			***

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00