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(Requestor's Name) (Address) (City/State/Zip/Phone PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates Special Instructions to Filing Officer:	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor				
C130 I	Qaksville F	Property Caldwell LLC			
2000	W. F	Name of Lin	nited Liability Company		
Uh∴ en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	retun all correspo	ondence concerning this matter	to the following:		
		Jingrong Lin			
			Name of Person		
		WE PROCESSING, LLC			
			Firm-Company		
	17810 Saint Lucia Isle Dr.				
			Address		
		Tampa, FL 33647			
	City/State and Zip Code				
		jack.r.liu@gmail.com			
			to be used for future annual report notif	ication)	
For fur	ther information c	oncerning this matter, please c	all:	•	
Jingroi	ig Liu		813 600-8325		
	Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclose	ed is a check for th	ne following amount:			
딞 \$25	5.00 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)	

MAHJNG 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

Oaksville Property Caldwell LLC	ppears on our records.)
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	any)
he Articles of Organization for this Limited Liability Company were filed o	on 02/21/2017 and assigned
lorida document number 1.47000041165	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
he 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:	211 8 7
Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
	pi 👺 🔘
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered office address.	ess on our records, enter the name of the
registered agent and/or the new registered office address here:	
A STATE OF THE STA	
Name of New Registered Agent:	
St. D. Jan at Office Address:	
N. O. January Offices Address:	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

II 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

Title	Name	Address	Type of Action
MGRM	Cai. Ming	No. 77 Lane 999 San Quan Rd	
		Room 302	
		Shanghai, 200435 CN	
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			Remove
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Tective date, if other than the metfective date is listed, the date muote: If the date inserted in this bocument's effective date on the D	st be specific and d lock does not me Department of St	cannot be prior to ect the applicab atc's records.	date of filing or le statutory fifi	more than 90 days a ng requirements.	tter filing.) Pursuan this date will not	be listed a
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<i>\(\sqrt{\sq}}}}}}}}}} \scrt{\sq}}}}}}}} \sqrt{\sq}}}}}}}}} \sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqit{\sqrt{\sq}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq</i>	Signature of a li	ember or surhori	zed representativ	e of a member		
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Filing Fee: \$25.00