117000093438

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediations to 1 ming emission

Office Use Only



000298679590

05/08/17--01019--016 **30.00



MAY 1 1 2017 J SHIVERS

COVER LETTER

TO:	Registration Se Division of Cor		14-2	. N
Adt.		EVE INTERNATIONAL, LLC		
SUBJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Fang Wu		
			Name of Person	
		WOWCHIEVE INTERNA	ATIONAL, LLC	
		14 1-271	Firm/Company	
		1802 N. Alafaya Trail,		
			Address	
		Orlando, FL 32826		
			City/State and Zip Code	
		liyuan@fwcpafl.com	to be used for future annual report notifi	
		`	•	cation)
For furt	her information c	oncerning this matter, please ca	all:	
Liyuan	Woerner		407 267-3031 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	ne 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

WOWCHIEVE INTERNATIONAL, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	4/27/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	7
Enter new mailing address, if applicable:	MAY - 6
Mailing address MAY BE A POST OFFICE BOX)	TO P Tree
muing unitess MAT BEAT OST OTTICE BOX	52 7
	5 CO
3. If amending the registered agent and/or registered office address	
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
			Remove
			□ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Remove
	•		□ Change
			□ Add
			□ Remove
			☐ Change

Advisory/Consulting Ser	rvices, Training Servic	es, Education and	Cultural Exchange, Tra	de, Tourism,	Travel
Business Planning, Tran	slation, Recruitment a	nd Professional S	ervices, Investment Adv	isory Services	5,
Business Services Abroa	nd, Visiting Relatives, (Goods/Commodit	y Trade, Medical Treatr	nent Abroad	
					<u></u> .
					2 1
					MAY
				388	8
				32	မာ တ
					J.,
tive date, if other than ffective date is listed, the date	e must be specific and can	not be prior to date	of filing or more than 90 da	(optional) ys after filing.) I	Pursuant to 605
If the date inserted in the ment's effective date on the	is block does not meet he Department of State	the applicable stars records.	itutory filing requiremen	its, this date w	ili not de liste
ecord specifies a dela	aved effective date	hut not an e	effective time at 12	2·01 am o	n the earlie
e 90th day after the		e, but not an c	inconve cime, at 11		
1					
<u> </u>					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00