

L17000102616

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV -9 AM 6:59

FILED

O SIMMONS

DEC 16 2020

Registration Section
Division of Corporations

Smoothtrans LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yan Zeng

Name of Person

Smoothtrans LLC

Firm Company

9473 NW 21th Rd

Address

Gainesville, FL 32606

City/State and Zip Code

mini.joice.mtbl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zeng _____ at (352) _____ 8706136
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Smoothtrans LLC

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

The Articles of Organization for this Limited Liability Company were filed on ^{5/8/2017} ~~2023 NOV -9 AM 7:00~~ and assigned Florida document number 117000102616

SECRETARY OF STATE
TALLAHASSEE, FL

This amendment is submitted to amend the following:

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

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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

New Registered Office Address:

Enter Florida 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

removing authorized person(s) authorized to manage. Enter the title, name, and address of each person being added
removed from our records:

GR = Manager
MBR = Authorized Member

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<u>Role</u>	<u>Name</u>	<u>Address</u>	2023 NOV -9 AM 7: 00	<u>Type of Action</u>
GR	Yan Zeng	9473 NW 24th Rd, Gainesville, FL 32606	STATE	<input type="checkbox"/> Add
				<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
MBR	Yansu Luo	7501 SW 84th Dr, Gainesville, FL 32608		<input type="checkbox"/> Add
				<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
MBR	Galaxsea Tech Inc	9473 NW 24th Rd, Gainesville, FL 32606		<input checked="" 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

Yan Zeng is the officer and the authorized person of Galaxia Tech Inc.

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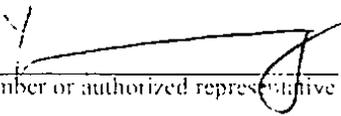
2023 NOV -9 AM 7:00

SECRETARY OF STATE
TALLAHASSEE, FL

Effective date, if other than the date of filing: 01/01/2021 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed

Dated 11/6 2020



Signature of a member or authorized representative of a member

Yan Zeng

Typed or printed name of signor

Filing Fee: \$25.00