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COVER LETTER

Division of Cor	porations		
Naturem L' SUBJECT:	LC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Steven Zhou		
		Name of Person	
	Naturem LLC		
		Firm/Company	
	10396 West State Road 84,	#103	
		Address	
	Davie, FL 33324		
		City/State and Zip Code	
	steven,zhou@naturemtech.co		==-
For further information of	e-mail address: (6 concerning this matter, please ca	o be used for future annual report notificall;	ation)
Steven Zhou		954 603-2147	
Name o	of Person	Area Code Daytime	Celephone Number
Enclosed is a check for t	he 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:

· 1

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limit	Naturem	LLC	nonde i	
(Name of the Epinis	(A Florida Limited	nny as it now appears on our rec Liability Company)	<u></u>	
The Articles of Organization for this Limited L Florida document number L17000112215	iability Company	were filed on <u>05/22/2017</u>	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	10396 West State Road 84	, ^M . Da	
(Principal office address MUST BE A STREE		#103	020 (E)	
		Davie, FL 33324	APR	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10396 West State Road 84 #103	\$ A A 10	
Enum address MAL BE A LOST OF FILE	<u> </u>	Davie, FL 33324	5.77 N	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	_		ter the name of the new registe	
New Parintened Office Address	10396 West Sta	ate Road 84, #103		
New Registered Office Address:	Enter Florida street address			
	Davie		, Florida ³³³²⁴	
•		City	Zip Code	

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>	Name	Address	Type of Action
MGR	QUIHUI LUO	3350 SW 148 AVENUE	🗆 Add
		Suite 110	 ■Remove
		Miramar, FL 33027	□Change
MGR S	STEVEN Y ZHOU	10396 West State Road 84	
		#103	□ Remove
		Davie, FL 33324	=0
MGR		10396 West State Road 84	≅Add
		#103	
		Davie, FL 33324	Change
			-
			APR Remove
			A Change
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ecord specifies a delaye is filed.	d effective date,	but not an eff	ective time, at 1	2:01 a.m. on the e	arlier of: (b)	The 90th d	ay after th
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