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COVER LETTER

TO:	Registration Section Division of Corporations Florida International Trading of Naples, LLC					
SUBJEC	CT:					
		Name of Limi	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Mingdong Yao				
			Name of Person			
			D. 70	<u>-</u>		
		622 Gloucester Ln.	Firm/Company			
			Address			
		Foster City, CA 94404				
		don_yao@yahoo.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notifica-	ation)		
For furth	ner information c	oncerning this matter, please ca	all:			
Mingdo	ng Yao		650 7873757			
	Name o	f Person	at () Area Code Daytime T	elephone Number		
Enclosed	t is a check for th	ne following amount:				
	.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Filing Fee.		
= 323	oo rung ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration S		Street Address: Registration Secti	ion		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida International Trading of Naples, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number _____ This amendment is submitted to amend the following: A. 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 "LLC." 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) B. 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 __

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 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>	<u>Address</u>	Type of Action
AMBR	Kelly Wical	7446 Martinique Terrace, Naples, FL 34113	🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9/1/2020 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. If the 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 record is filed. September 10 2020 Dated _____ Signature of a member or authorized representative of a member Mingdong Yao Typed or printed name of signee