LITCUUZ 1576

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(8u	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
;		

Office Use Only



600299968106

08/18/17--01012--025 **50.00



JUN 1 + 777

COVER LETTER

TO: Registration Se Division of Cor			
SURTECT: HAN	XIE INVESTMEN	IT6 LLC	
Sobject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	### ANXIE NVESTMENTS LC Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: ### BIN LIU Name of Person 13238 JERVEY ST. Firm/Company #### Address City/State and Zip Code Divide Status City/State and Zip Code		
Division of Co SUBJECT: HAN The enclosed Articles of Please return all corresp Bin Liu Name of Enclosed is a check for the enclosed of the enclosed is a check for the enclosed of the enclosed is a check for the enclosed of the enclosed is a check for the enclosed of the enclosed is a check for the enclosed of the enclosed is a check for the enclosed of the enclosed is a check for the enclosed of the enclosed is a check for the enclosed of the enclosed is a check for the enclosed of the e		Name of Person	
	13238 JERVÍ	Disconting fee & Certified Copy (additional copy is enclosed) Liu Name of Person Liu Name of Person Lity St., Firm/Company RE, FL34786 Address City/State and Zip Code Not vwail - Cowl Area Code Daytime Telephone Number	
		Firm/Company	
	NAME OF Limited Liability Company of Amendment and fee(s) are submitted for tiling. spondence concerning this matter to the following: BIN LIU Name of Person 13238 JERVEY ST. Firm/Company Firm/Company City/State and Zip Code b(n 15688 @ hot vall Cow) E-mail address: (to be used for future annual report notification) n concerning this matter, please call: at (407) Area Gode at (407) Daytime Telephone Number r the following amount: \$\Begin{array} \text{S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed)		
	(Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: BIN LIU Name of Person 13238 JERVEY ST. Firm/Company ALNDERWERE, FL3478 b Address City/State and Zip Code bin 16588 © Notwail-Com E-mail address: (to be used for future annual report notification) ag this matter, please call: at (407) 668-6488 Area Code Daytime Telephone Number Pring amount: 0.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	
		·	
	<u>bin 16588 €</u>	Rame of Limited Liability Company endment and fee(s) are submitted for filing. Ince concerning this matter to the following: BIN LIU Name of Person 13238 JERVEY ST. Firm/Company LUINDERMERE, FL34786 Address Gity/State and Zip Code bin 16588 @ Notwail com E-mail address: (to be used for future annual report notification) erring this matter, please call: at (487) Area Code Daytime Telephone Number Illowing amount: I \$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (Certified Copy (Cer	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Bin Liu		a1 (407) 668-6	488
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

TO ARTICLES OF ORGANIZATION OF

ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)			
iability Company	were filed on 6/12/20	and assigned		
57b.				
owing:				
f the limited liabi	ility company here:			
ENTS LLC	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
able:	NIA			
(Principal office address MUST BE A STREET ADDRESS)		(addless remains the same)		
BOX)	N(A			
		7		
		SSEE		
_A K		7 3 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NA	6 6 4	249 RID:		
	, Flori	ida Zıp Code		
	iability Company A Florida Limited I A Florida	owing: If the limited liability company here: IENTS LLC Nords "Limited Liability Company," the designation "LLC" of the limited Liability Company," the designation "LLC" of the limited Liability Company, the designation of the limited Liability Company, the designation "LLC" of the limited Liability Company, the designation "LLC" of the limited Liability Company,		

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	NIA		
			Remove
-			Change
			Remove
		-	Change
			Remove
			Change 7
			HASSEE CORIL
			Change Change
			□ Add
			□ Remove
			□ Change
			D∳A
			☐ Remove
			□ Change

_				
-				
-				
_				
•				
=				
-				
-			•	
-		-		
_				
•				
-	· · · · · · · · · · · · · · · · · · ·			
_				
-				
-			_=	
_		<u> </u>	7 ح	
		//. //SS/	₹ -	٠
Effect	ive date, if other than the date of filing: NA (optional	ر الله	6 51	: •••
(If an eff Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date	:)Pursitant	be lister	02 07 (3 Las th
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records.	RIC T	ت آنسل	
). U	٥	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	earlie	r of:
ine	90th day after the record is filed.			
Thur of	1.10.11.7			
Dated	6/14/17			
	Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member			
	Bin Liu			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00