

**L17000142383**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000238581 3)))



H170002385813ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FANJUL CPA, INC.  
Account Number : I20130000039  
Phone : (305)244-0769  
Fax Number : (877)503-6086

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CORPORACION GOLD WAY HK CA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2017 SEP -5 AM 11:19

ISLE REVENUE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

17 SEP -5 AM 8:40

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

SEP -6 2017

H17000238 581 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORPORACION GOLD WAY HK CA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/30/2017 and assigned  
Florida document number L17000142383.

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 "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)

FILED  
 17 SEP -5 AM 8:40  
 DIVISION OF CORPORATE FILINGS

**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

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

117000150001 3

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>	<u>Type of Action</u>
AMBR	XIAOYI WU	2749 SW 33 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LIANG LIANFAN	2749 SW 33 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GERMAN A LOPEZ GARCIA	2749 SW 33 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 SEP 8 AM 8:40  
DIVISION OF CORRECTIONS

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

HT70002385813

FILED  
17 SEP -5 AM 8:40  
DIVISION OF CLERK OF COURTS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

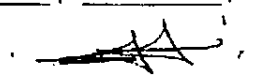
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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.

Dated AUGUST 31 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ALEXIS R LOPEZ CARABALLO

\_\_\_\_\_  
Typed or printed name of signee