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COVER LETTER

SUBJECT:	3030 In A	Loyida LLC. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. a all correspondence concerning this matter to the following: Jian Feng Wa Name of Person		
	<u></u>	530 In Florida Firm/Company	
	7245	HW 173 aly, -	± 2505
	thal	eah, F.L. 33015 City/State and Zip Code	5
	E-mail address: (to boused for future annual report notif	al. Comication)
For further information of	concerning this matter, please co	all:	
Vov 9 Name o	hai Tan f Person	at (954) 804 Area Code Daytime	Telephone 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:

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

ARTICLES OF AMENDMENT

IO
ARTICLES OF ORGANIZATION
OF
ARTICLES OF ORGANIZATION OF 3030 In Florida 11c 156
3030 In Florida LLC 11/1/2016 1086
(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 8/1+/2012 and assigned
Florida document number 17000173719.
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)
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

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.

City

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 Title <u>Address</u> **Type of Action** <u>Name</u> Donghai, Tan 7245 HW 173 Drive, #2595 0 Add Hialeah, F.L 33015 _ Change □ Add ☐ Remove □ Ehange □ Remove ☐ Change □ Add _□ Remove □ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

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-			
			
fective date, if other than the date of filing: _	(n	ptional)	
n effective date is listed, the date must be specific and can ste: If the date inserted in this block does not meet cument's effective date on the Department of State	ot be prior to date of filing or more than 90 days and applicable statutory filing requirements,	after filing.) Pursuant	
record specifies a delayed effective date The 90th day after the record is filed.	but not an effective time, at 12:0	1 a.m. on the ϵ	earlier o
ted,			
	an Reng, Wu er or authorized representative of a member		

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Filing Fee: \$25.00