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## **COVER LETTER**

SUBJECT: To r	MOVE CIN C Name of Limite	<u>uthorized mem</u> ed Liability Company	<u>1ber</u>
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please teturn all correspond	lence concerning this matter to	the following:	
		Name of Person	
	FULLE	Q&H, LLC Firm/Company	
	30212 Southe	rnwood Ct.	<del></del>
	Wesley Chap	All, FL 33543 City/State and Zip Code	
	KOALAQH (6	D gmail. com be used for future annual report notificati	on)
For further information cor	ncerning this matter, please cal	1:	
HUANMING Name of I	Q / N Person	at ( <u>813</u> ) <u>966</u> Area Code Daytime Tel	154 1 Jephone Number
Enclosed is a cheek for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Fiting 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** 

TO:

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 TO ARTICLES OF ORGANIZATION OF

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2017 <sub>00</sub>	<sup>0</sup> 7 a	~ L	- l <sub>e</sub> .
	ر می ۱۰۰ ر	Pf	. 2: <sub>23</sub>
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	110 PM 2:23
<u> </u>	LLC  Dility Company as it now appears on our records.)  ida Limited Liability Company)
	•
The Articles of Organization for this Limited Liability	Company were filed on $\frac{9/5/2017}{}$ and assigned
Florida document number <u>L 17000 1 8 8 2 2</u>	<u>l</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	imited liability company here:
NA	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<i>N</i> _A
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	NA
New Registered Office Address:	N A  Enter Florida street address
<del></del>	, 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 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>	<u>Name</u>	Address Type of Action
AMBR	XIAOJIN HUANG	30212 Southernwood Ct Add
		30212 Southernwood Ct. DAdd Wesley Chapel, FL 33543 A Remove
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		Change
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		□ Remove  Change
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b) The 90th	specifies a delayed day after the rec	ord is filed.				n, on the earli	ier o
Dated	ctober 24	lth.	2017				
_	ictober 24 Hummin	A Qin Signature of a men	nber or authorized rej		iber		
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Page 3 of 3

Filing Fee: \$25.00