## L17000192633

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporation					
	GROUP LLC				
SUBJECT:	Name of Limited Liability Company				
	amendment and fee(s) are submitted for filing.  Idence concerning this matter to the following:				
	SHAN ZHOU				
	Name of Person	-			
	AAA ELITE GROUP LLC				
Firm/Company					
	5787 VINELAND ROAD STE 108				
	Address	-			
	ORLANDO, FL 32819				
	City/State and Zip Code	-			
	CAREOFJENNY@GMAIL.COM  E-mail address: (to be used for future annual report notification)				
For further information con	ncerning this matter, please call:				
SHAN ZHOU	626 203-5822				
Name of F	Person Area Code Daytime Telephone Number	r			
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	ate of Status &			

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 TO ARTICLES OF ORGANIZATION OF

AAA ELITE GROUP LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000192633</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
	\$6 CT
Enter new mailing address, if applicable:	10 P
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
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

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** LIANG, JINPING **AMBR** 5787 VINELAND ROAD STE108 □ Add ORLANDO, FL 32819 ■ Remove ☐ Change □ Add ☐ Remove ☐ Change \_D Add \_□ Remove \_ Change □ Add ☐ Remove

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<u>Note:</u> If th	re date is listed, the date ne date inserted in the seffective date on the	is block does not m	eet the applicabl	date of filing or more e statutory filing r	than 90 days after file equirements, this d	(al) ling.) Pursuant to 605.0207 (i late will not be listed as th
	l specifies a dela th day after the		ate, but not a	in effective tim	ne, at 12:01 a.r	m. on the earlier of:
OC <sup>*</sup>	TOBER 05		2017			
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Typed or printed name of signee

Filing Fee: \$25.00