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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
WHASSEE, FLORID.

OCT 2 0 2018

S. YOUNG

COVER LETTER

	Name of Limited Liability Company	_
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Youshan Zhao	
	Name of Person	_
	Firm/Company	
	2449 Southern Hills Ct	
	Address	7 % 8
	Oviedo, FL, 32765	AFT OF THE
	City/State and Zip Code taxorlando@gmail.com	FILE ED
	E-mail address: (to be used for future annual report notification)	PH 5: 44 PH 5: 44
For further information	on concerning this matter, please call:	RIDA
Youshan zhao	724 5578193 at ()	
Nar	ne of Person Area Code Daytime Telephone Nur	nber

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	ords.)
(A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on 09/28/2017	and assigned
lorida document number L17000201028	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter 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)	SECRETARIASS
3. If amending the registered agent and/or registered office address on our recor	rds, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street add.	le 100
City	FloridaZin 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>	<u>Address</u>	Type of Action
AMBR	ZHANG, NING	8013 JOHN HANCOCK DR.	
		WINTER GARDEN, FL 34787	Remove
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e: If the date inserted in this	must be specific and cannot be pass block does not meet the appeartment of State's record	licable statutory filin		.) Pursuant to 605.
record specifies a dela- ne 90th day after the r	yed effective date, but record is filed.	not an effective t	ime, at 12:01 a.m.	on the earlie
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West.	Signature of a member or as	ithorized representative	of a member	