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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			
	ARCHITECTURAL DESIGN	AND CONSULTING, LLC.	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CAITANG YUAN		
		Name of Person	
		Firm-Company	
	517 MACARTHUR DRIV	E	
		Address	
	ORLANDO, FL 32839		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please co	all:	
BRIAN LIANG		407 898-7144	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$39.00 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 TO ARTICLES OF ORGANIZATION OF

ted Liability Сонораі (A Florida Limited L	ay as it now appears on our records.) iability Company)	
		and assigned
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lowing:		
of the limited liabi	lity company here:	
words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.E.C."
cable:	NO CHANGE	
ET ADDRESS)		
Enter new mailing address, if applicable:		
BOX)		
		<b>17</b> SE( TAL
	Enter Florida street address	FILE OCT 10 AHASSEE.
Registered Agent:		7: 35
	iability Company iability Company owing:  of the limited liability able:  ET ADDRESS  NO CHANGE	If the limited liability company here:  SIGN AND CONSULTING, LLC.  Words "Limited Liability Company," the designation "LLC" or to enable:  NO CHANGE  NO CHANGE  NO CHANGE  NO CHANGE  NO CHANGE  Fire address here:  NO CHANGE  Enter Florida street address  Florida  City

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
			Add
			□ Remove
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ective date, if other than the d	ate of filing:		(optio	nal)	(05.03
n effective date is listed, the date must beter. If the date inserted in this block	k does not meet the appli	icable statutory filir	g requirements, this	date will not	be listed
cument's effective date on the Depa	irtment of State's record	<b>S</b> .			
record specifies a delayed e	effective date, but n	ot an effective	time, at 12:01 a.	m. on the	earlier -
The 90th day after the recor	d is filed.				
OCTOBER 03	2017				
october 03					
(1400)	gnature of a member or aut				

Page 3 of 3

Filing Fee: \$25.00