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COVER LETTER

	stration Section of Corp				
	NEW XIN Y	ruan llc			
SUBJECT: _		Nar	ne of Lir	nited Liability Company	
The enclosed	Articles of <i>I</i>	Amendment and fee(s) a re sul	bmitted for tiling.	
Please return :	ill correspor	ndence concerning thi	s matter	r to the following:	
		GLORIA GUO C	PA 		
				Name of Person	
		GLORIA GUO &	ASSO	CIATES CPA PA	
				Firm/Company	
		9200 BELVEDE	II Re Roa II	AD SUITE 103	
				Address	
		WEST PALM BE	ACH, F	FL 33411	
				City/State and Zip Code	.
		GLORIAGUOCPA	Г	AIL.COM (to be used for future annual report no	al(Castina)
For further inf	ormation co	n-mail			(meanon)
GLORIA GU	О СРА			561 383-8388	
	Name of	Person		Area Code Daytir	ne Telephone Number
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing P Certificate of		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
·	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations of 6327 ssee, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW XIN YUAN LLC		
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited LiFlorida document number L17000207531	iability Company were filed on 10/6/2017	and assigned
This amendment is submitted to amend the fol lo	owing:	
A. If amending name, <u>enter the new name of</u>	f the limited liability company here:	
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	TADDRESS)	- -
Enter new mailing address, if applicable:	POW	LINHATER ELE
Mailing address MAY BE A POST OFFICE	<u> </u>	
1		52
B. If amending the registered agent and/ registered agent and/or the new registered of	for registered office address on our records, enter the ffice address here:	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 2	ip 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 or removed from our records:			age, enter the title, name, and address	of each person being added
MGR≔ A AMBR=	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	LIANG ZHANG		195 S westmonte DR	■ Add
			Altamonte Springs, Fl. 32714	□ Remove
				☐ Change
		<u> </u>		Add
				□ Remove
				☐ Change
		<u> </u>		
				☐ Remove
				□ Change
		<u> </u>		🗖 Add
				□ Remove
			☐ Change	
				Add
				□ Remove
			Change	
		<u> </u>		
				□ Remove
				□ Change

mending any other informa	ion, enter change(s) here: (Attach addit	ional sheets, if necessary.)
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te: If the date inserted in this bl cument's effective date on the D	be specific and cannot be prior to date of filing or ick does not meet the applicable statutory filipartment of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.02 ing requirements, this date will not be listed a time, at 12:01 a.m. on the earlier
he 90th day after the rec		,
NOVEMBER 16	2017	
Hu Hu	GUZ GIN	
	Signature of a member or authorized representati	ve of a member
GUIQIN HU		
-	Typed or printed name of signee	
	N I	