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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: AMERICAN E	BORY CASES, LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this ma	
YUA	Name of Person
AMERICA	Name of Person Name of Person AN BORY CASES, LLC Firm Company
6101 CL	EVELAND ST. LOTA3
HOLLYWI	ODD FL 33024
david i	City/State and Zip Code (U. 8839 (a) 9 Mail · Com ress: (to be used for future annual report notification)
For further information concerning this matter, ple	ase call:
YUAN LIU	at (954) 997 8839 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sound Silver	Solution Filing Fee & Solution Status & Certified Copy (additional copy is enclosed) Solution Solution Fee. Certified Copy (additional copy is enclosed)
MASUING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, Fl. 32301

MAILING ADDRESS: Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN BORY	CASES, LLC
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 21800011973	Company were filed on $05/14/2018$ and assigned 6.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	TO A CONTRACT OF THE PARTY OF T
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
R If amending the registered agent and/or regis	istered office address on our records, enter the hame of the new
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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:

<u>Title</u>	<u>Name</u>	Address	Type of Acti
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If the date inserted in this block does no iment's effective date on the Department or		ing requirements, th	us date will	not be listed
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	YAO MAO BIA a member or authorized representative			

Page 3 of 3

Filing Fee: \$25.00