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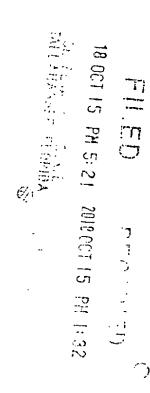
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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то:	Registration Sec Division of Cor			
CHIN 1	CGW US, L			
SORT	ECT:	Name of Limi	ted Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	o the following:	
		ZHONGHUA HE		
			Name of Person	
			Firm/Company	
		6184 SHORELINE DRIVE		
			Address	·
		PORT ORANGE, FL 3212	7	
		YCC2158@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to	o be used for future annual repor	t notification)
For fu	rther information co	oncerning this matter, please ca	H:	
ZHON	NGHUA HE		850 567-075	
	Name of	Person	at ()	sytime Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 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

CGW US, LLC.			
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited L Florida document number L18000202665	iability Company	were filed on 08/23/2018	and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name o	of the limited liab	ility company here:	
NO CHANGE			
he 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)		NO CHANGE	<u> </u>
			<u>्</u> रि ट
nter new mailing address, if applicable:		NO CHANGE	- S
Mailing address MAY BE A POST OFFICE	BOX)		
ming with 55 mm.			
			Ø) ²
 If amending the registered agent and egistered agent and/or the new registered or 			ecords, <u>enter the name of the i</u>
Name of New Registered Agent:	NO CHANGE		
New Registered Office Address:	NO CHANGE		
		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>	<u>Address</u>	Type of Action
AMBR	ZHOUNGHUA HE	6184 SHORELINE DRIVE, PORT ORANGE, FL 32127	Add
			Remove
			Change
AMBER	ZHONGHUA HE	6184 SHORELINE DRIVE, PORT ORANGE, FL 32127	
			Remove
			☐ Change
MGR	XIONG TANG	2030 W COLONIAL DRIVE, ORLANDO, FL 32804	Add
			Remove Change T
			□/Remove
			Change
			☐ Remove
			Change
			Add
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		10/01/2018						
Effective date, if other than the fan effective date is listed, the date in	e date of filing	;:	deta of Glina on	man than 00 da	(optional) a) Buesus	to 605	5 0207
Yes effective date is tisted, the date in Note: If the date inserted in this belocument's effective date on the I	block does not m	eet the applical	ole statutory fil	ing requiremen	nts, this date	e will no	nt be liste	ed as
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e record specifies a delaye The 90th day after the re	ea effective di cord is filed.	ate, put not	an errective	ume, at 12	or a.m	on the	e earne	פו טו
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Typed or printed name of signee

Filing Fee: \$25.00