L19000003483

2/20/2019 Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ANTHONY OLSON P.A.
Account Number : I20170000074
Phone : (941)362-7100
Fax Number : (941)362-7107

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CENTENNIAL ELITE LLC

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K. SALY
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Centennial Elite LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Olson
Name of Person

Anthony Olson, P.A.
Firm/Company

2020 Cattlemen Road, Suite 100
Address

Sarasota, FL 34232
City/State and Zip Code

tony@immigrationvisausa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Olson at (941) 362-7100
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $25.00 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Centennial Elite LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/02/2019 and assigned Florida document number L19000034183.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6806 Anise Drive
Sarasota, Florida 34238

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6806 Anise Drive
Sarasota, Florida 34238

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Anthony Olson, P.A.

New Registered Office Address: 2020 Cantlemen Road, Suite 100
(Enter Florida street address)

Sarasota, **Florida** 34232
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

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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

Title	Name	Address	Type of Action
AMBR	Zhiqiang Lu	5654 Marquesas Circle Sarasota, FL 34233	☐ Add ■ Remove ☐ Change
AMBR	Xia Yan	5654 Marquesas Circle Sarasota, FL 34233	☐ Add ■ Remove ☐ Change
AMBR	Qiuoying Chen	5654 Marquesas Circle Sarasota, FL 34233	☐ Add ■ Remove ☐ Change
AMBR	Jie Yan	5654 Marquesas Circle Sarasota, FL 34233	☐ Add ■ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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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

Title	Name	Address	Type of Action
MGR	Zhiqiang Lu	19th Floor, West Unit Caifugongguan, Wenfeng District Anyang, Henan, China 455000	■ Add ☐ Remove ☐ Change
MGR	Xia Yan	19th Floor, West Unit Caifugongguan, Wenfeng District Anyang, Henan, China 455000	■ Add ☐ Remove ☐ Change
MGR	Qiaoying Chen	19th Floor, West Unit Caifugongguan, Wenfeng District Anyang, Henan, China 455000	■ Add ☐ Remove ☐ Change
MGR	Jie Yan	19th Floor, West Unit Caifugongguan, Wenfeng District Anyang, Henan, China 455000	■ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Remove ☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 15, 2019

Signature of a member or authorized representative of a member

Nia Yan

Typed or printed name of signee

Filing Fee: $25.00