L19000061619

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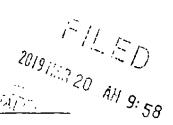
	gistration Sect vision of Corpo			
eup icer.	Yunwei I.LC			
SUBJECT	-	Name of Limi	ited Liability Company	
The enclosed	d Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	lence concerning this matter t	to the following:	
		Shiyun Xie		
			Name of Person	
		Yunwei LLC		
			Firm/Company	
		4320 DEERWOOD LAKE	PKWY STE 207	
			Address	
		JACKSONVILLE, FL 322	16	
			City/State and Zip Code	
		weiyunllc@hotmail.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation con	cerning this matter, please ca	dl:	
Shiyun Xie			904 510-8066 at ()	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	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



Weiyun 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 $\frac{03/04/2019}{1}$ and assigned Florida document number L19000061619 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Yunwei LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Add
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Effective d	late, if other than the date of filing: (optional) c 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 60	
Note: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	5.02 ted a
document's	s effective date on the Department of State's records.	
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli th day after the record is filed.	ier
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Filing Fee: \$25.00