## L191000 1560249

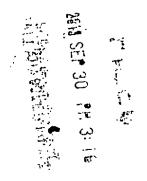
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of Co			
NEWLIFI SUBJECT:	E PROPERTIES, LLC		SE
SOBIA.T.	Name of Lu	nited Liability Company	30
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	SET 30 P. 3.
Please return all corresp	ondence concerning this matter	r to the following:	
	Fuwen Tao		
		Name of Person	
		Firm/Company	
	7680 UNIVERSAL BLVI	O SUITE 565	
	ORLANDO, FL 32819	Address	
	taofuwen888888@126.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
William C. Vorght, H		407 477-4559	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NEWLIFE PROPERTIES, LLC

(A Florida Limited	pany as it now appear d Liability Company)	'S on our records.)		ŧ
The Articles of Organization for this Limited Liabitity Companies Florida document number 1.19000156249	ny were filed on $\frac{06}{-}$	/12/2019	and as sened	
			age as justin	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	ere:		
The new name must be distinguishable and contain the words "Lamited Lial	bility Company," the d	esignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRESS)			·	
Enter new mailing address, if applicable:	<del></del>		<del>-</del>	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on <u>re</u> :	our records, ente	r the name of the n	<u>еи</u>
Name of New Registered Agent:	<del></del>			
New Registered Office Address:	_			
	Enter Flor	ida street address		
		, Florida _	Zip Code	
			Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>			

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 heing 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>	Address	Type of Action
MGR	Dongsheng Yu	7680 UNIVERSAL BLVD	1
		SUITE 565 ORLANDO, FL 32819	Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			🗖 Add
			□ Remove
			Change
	······································		Add
			☐ Remove
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		78	
		·	
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the applic	able statutory filing requi	(optional) 190 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
the record specifies a delaye ) The 90th day after the rec	d effective date, but no ord is filed.	t an effective time, a	at 12:01 a.m. on the earlier of
Dated September 27	2019	·	
Juan	ne		
mary	Signature of a member or author		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00