L19000205393

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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WISION OF CORPURATIONS

C RICO AUG 21 2019

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		us Internedion	1 LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rona	Name of Person Out 67 Asso. Firm/Company	
		Name of Person	
	iongmei	Cout to A550.	ciates CPH PA
		Firm/Company	
	601 N Co	rigrecs Ave St	e 412
		Address	
	Delroy	Beach FL 33	3445
	Young Mu E-mail address: (Address Beach FL 3: City/State and Zip Code eicha a gmail cut to be used for future annual report notific	extion)
For further information of	concerning this matter, please ca		······•,
	me Cai	at (561) 88/	9 7888
Name o	of Person	Area Code Daytime	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:

TO:

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

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Mite Lotus Intern (Name of the Limited Liability Compa (A Florida Limited I	national INC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>119000205393</u>	were filed on 8/12/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab White Lotus International The new name must be distinguishable and contain the words "Limited Liabil	LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5201 NW 2nd AVE APT 312 BOCA ROTON FL 33487-3803
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5201 NW 2ND AVE APT 312 BOCA RATON FL 33487
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	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>	Address	Type of Action
			Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Remove
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			Add
			□ Remove
			☐ Change

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Affective date, if other than the date of filing:	
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	nt to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not locument's effective date on the Department of State's records.	be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	earlier of
n/ /a 119	
Pated $\frac{8/\sqrt{\sqrt{2019}}}{\sqrt{2019}}$.	75
Rong XV	 SNV 61
Signature of a member or authorized representative of a member	<u> </u>
RONG XU	AH 22 03
Typed or printed name of signee	— <u></u>

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Filing Fee: \$25.00