## L19000 273 367

(	Requestor's Name)
	Address)
(	Address)
(	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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## **COVER LETTER**

TO: Registration Division of	i Section Corporations		
Jiang X	ia LLC		
SUBJECT:	Name of Lim	ited Liability Company	~ <del></del>
	s of Amendment and fee(s) are sub		
Please return all corre	espondence concerning this matter	to the following:	
	Zhen Yun Huang		
		Name of Person	
	Jiang Xia LLC		
	****	Firm/Company	
	1650 San Pablo Road Ste	6	
		Address	<del></del>
	Jacksonville, FL 32224		
	lucyyang@yahoo.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	on concerning this matter, please co	all:	
Lucy Yang		317 771-0091	
Nar	ne of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fee	S30.00 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, F1, 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

Jiang Xia LLC		
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our records.</mark> ) Fiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000273367</u> .	were filed on 11/1/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation L.C."
Enter new principal offices address, if applicable:		VON 610
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		PH 12: 2
Mailing address MAY BE A POST OFFICE BOX)		Ö
B. If amending the registered agent and/or registered or registered office address her	office address on our records,	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Fater Florida street address	
	. Flori	ida
	Cay	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
AMBR	Zhen Yun Huang	1650 San Pablo Road Ste 6, Jacksonville, FL 32224	
			■ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
		Add	
			🖸 Remove
			Change
			Add
		☐ Remove	
		□ Change	
		Add	
		□ Remove	
		Change	
			□ Add
			☐ Remove
			Change

Note:	ive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	Zhen (un Huand Signature of a member or authorized representative of a member  Zhen (un Huang  Typed or printed name of signee)
	-

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Filing Fee: \$25.00