## 119000273459

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## **COVER LETTER**

	Registration Sect Division of Corpo			
SUBJEC	т:Lи	XO Twestment Name of Limit	Group, LLC ted Liability Company	
The enclo	osed Articles of Ai	mendment and fee(s) are subm	nitted for tiling.	
Please ret	urn all correspond	lence concerning this matter t	o the following:	
		Daiqua	Name of Person	
		900 Rigg	ins Rd. Apt. 323	2
		Tallah daigu E-mail address (t	City/State and Zip Code  Caun har Son Can obe used for future annual report notific	Ma. 1. com
For furthe	er information con	cerning this matter, please ca	dl:	
	Daignaus Name of I	Haraison	at ( <u>67%</u> ) <u>35%</u> Area Code Daytime	- 5758 Telephone Number
Enclosed	is a check for the	following amount:		
<b>S</b> - \$25.0	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

THE TOTAL CHINA	That my Company,
The Articles of Organization for this Limited Liability Companies Landon 273 (	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Apt 322 Tallahassee FL 32308
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	as Sum as France
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter-the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address: 90	O Riggins Rd, Apt 322 Emertionida street address
	Florida 32305

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 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 Type of Action Name Last, First Address Title Coston, Bobby Jr. 14880 Sugar Cane Way Bridd MGR Clearwater FL 33760 - Remove MGR Diamend, Tom I 402 Jax Estates Dr. N BAdd Jacksonville FL 32218 - Remove MGR Galleway, Evan 245 E 1245 St. Apt. 8K BAdd New York, NY 10035 - Remove MGR Hall, Leland 1625 Cornshaw Blud Apt. 207 BAdd Los Angeles, CA 90019 - Remove \_\_\_\_ 🗆 Change # Stallworth, Mark MAR 235 NW 174 St Add Miani, F1 33168 - Remove MGR Braden, Nicholas 1321 North Meridian St. Apt WAdd Indianapolis, Indiana | Remove

46202 Change

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Note:	tive date, if other than the date of filing:	7 (3)( the
.he re ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.	f:
Dated		
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00