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21 SET 15 PH 3: 07

## **COVER LETTER**

	gistration Secti vision of Corpo		·	•	
SUBJECT:	CN Gables Ca			**	
SUBJECT.			ited Liability Company	<del></del>	
The enclose	d Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspond	ence concerning this matter	to the following:		
		Jian Wu			
			Name of Person		
			Firm/Company		
		9785 W. 34th Court			
			Address		<del></del>
		Hialeah, FL 33018			
		jianwu@engablescapital.cor	City/State and Zip Code m	-	
	•	E-mail address: (t	o be used for future annual r	report notification)	
For further i	nformation cond	cerning this matter, please ca	ill:		
Jian Wu			305 542	-8519	
Name of Person Area Code Daytime Telephone					one Number
Enclosed is	a check for the f	following amount:			
□ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SET 15 PH 3: 07

CN Gables Capial 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 Liabil Florida document number L20000052476		and assigned
This amendment is submitted to amend the following	រតិ:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>c</u> e <u>re</u> :	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	uldress
_		, Florida
	City	, Florida Zip Code

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

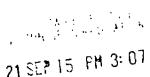
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>	Nom a		21 SEP 15 PH	3: 0
	<u>Name</u>	<u>Address</u>	21 300	Type of Action
AMBR	Sean Ying Tang	15254 s.W. 39th Te	rrace	<b>≡</b> Add
		Miami, FL 33185		□Remove
				Change
AMBR	Shuzheng Wu	9785 W. 34th Court		<b>=</b> Add
		Hialeah, Fl. 33018		□Remove
				□ Change
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				□Remove
				□Change



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	July	14th	, _3	021				
_	<del></del>	Signature	of a member	VAL.	. VVU	of a mainte		
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