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(Re	questor's Name)	
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2020 FTT - 7 PK 2: 49

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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Tallahassee, FL 32314

ZDEATA I	NORTH AMERICA LLC		
, subject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ZHI WU		
		Name of Person	
	ZDEATA NORTH AMER	RICA LLC	
	<del> </del>	Firm/Company	
	25251 LUCI DR		
	A488 19 C. A 86 A 1 8 1	Address	<del></del>
	BONITA SPRINGS, FL 3	4135	
		City/State and Zip Code	<del></del>
	ZHIWUFL@GMAIL.COM		
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co	all:	
ZHI WU		239 287-3828 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ZDEATA NORTH AMERICA LLC		2020 HTT - 7 PH 2: 49
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our remitted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 4/1/2020	and assigned
Florida document number 1.20000094531		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	M	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	Zin 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 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	JASON LEE	25251 LUCI DR	<b>∃</b> Add
		BONITA SPRINGS FL 34135	□ Remove
			□Change
			□Add
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		,				
record	specifies a delayed effective	ve date, but not an	effective time	it 12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
is filed		.,				
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ated	-2 (is	Signature of a men	nber or authorized	representative of a	member	