

L20 000 311496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

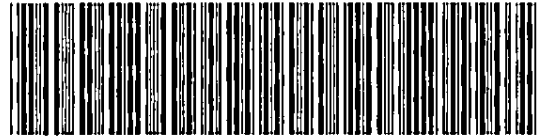
(Business Entity Name)

(Document Number)

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03/02/21--01025--032 **60.00

2021 MAR 2 PM 1:56

11/22/2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ming Nutrition LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fangming Ou
Name of Person

Firm/Company

660 Siesta Key Circle APT 2526
Address

Deerfield Beach, FL 33441
City/State and Zip Code

ming.computerscience@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fangming Ou at (305) 900-7058
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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**

Ming Nutrition 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 Liability Company were filed on Florida Dept. of state and assigned Florida document number L20000311496 (Sunbiz)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EZion LLC

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 ADDRESS)

660 Siesta Key Circle APT 2526
Deerfield Beach, FL 33441

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

660 Siesta Key Circle APT 2526
Deerfield Beach, FL 33441

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

660 Siesta Key Circle APT 2526

Enter Florida street address

Deerfield Beach Florida 33441

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>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>Zhenting Qu</u>	<u>No.42 Gongren Road, Zhengzhou,</u>	<input type="checkbox"/> Add
		<u>Henan, China 450007</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Lei Wang</u>	<u>5880 SW 58th Ter, Miami,</u>	<input checked="" type="checkbox"/> Add
		<u>FL 33143</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: March 3rd 2021 (optional) ^{3/3/2021}
(If 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 to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 1st, 2021



Signature of a member or authorized representative of a member

Fangming Au

Typed or printed name of signee



(Step 3 of 3) Thank you for your payment.

Please print this receipt and keep it for your records.

Tracking Number : 5456244407CC

Document Number : L20000311496

Payment Amount: \$143.75

Receipt Number: 3800313560

Transaction Date: 03/01/2021 08:18 AM

Payment Type:



Account Number: *2680
