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11 NAB 29 PH 2: 42

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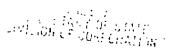
TO: Registration Sec Division of Corp			
SUBJECT:	Yuexian	llc	
SUBJECT:	YULXIAN Name of Limited Lia	bility Company	
The enclosed Articles of A	mendment and fee(s) are submitted	for filing.	
Please return all correspon	dence concerning this matter to the f	following:	
	_	Juan Wang	
	:	Name of Person	
	Ynes	Fign Company	
		Firm/Company	 _
	4379 Tril	oute Trail	
	Kiss	inninee, FL 36 State and Zip Code	1746
	H-mail address: (to be us	of a openil. Cett	Cication)
For further information co	ncerning this matter, please call:	·	
juri	1 Wang	at (718) 902 - 0	088
Name of	Person O	Area Code — C Daytimo	: Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Section		Registration Sec	
Division of Corporations P.O. Box 6327 The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR 29 PH 2: 42 Yuexian 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 __________________________________ and assigned Florida document number <u>L21000 105976</u> This amendment is submitted to amend the following: 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 "LLC." Enter new principal offices address, if applicable: オクー (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

_____, Florida ___

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		T. MILION OF COPY CHAPTER		
<u>Title</u>	<u>Name</u>	Address 21 MAR 29 PH 2: 42	Type of Action	
MGR	Jiang, Lina	4579 Tribute Trail Kissimmer, FL 34746		
			Remove	
			□Change	
				
			Remove	
			⊡Change	
			□Add	
			□Remove	
			□Change	
		· · · · · · · · · · · · · · · · · · ·	□Remove	
			Change	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	

	ng any other information, enter change(s) here: (Attach additional si	
		21 MAR 29 PR 2: 4:
		
		, <u>.</u>
		
		
Note: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more that e date inserted in this block does not meet the applicable statutory filing requ effective date on the Department of State's records.	(optional) in 90 days after filing.) Pursuant to 605,0207 (3)/ irements, this date will not be listed as the
f the record spece ecord is filed.	ecilies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated	March 23. 2021. Juan Wang Signature of a member or authorized representative of a m	
_	Juan Wang	
_	Juan Wang Typed or printed name of shape	

Filing Fee: \$25.00