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COVER LETTER

TO:

TO: Reg Div	gistration Se rision of Cor	ection porations		
SUBJECT:	FU LI GRE	EEN LEAF, LLC		
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please returr	all correspo	ondence concerning this matter	to the following:	
		BILL FA		
			Name of Person	<u>, </u>
		SHDA TAX INC		
			Firm/Company	
		136-80 ROOSEVELT AV	E FL 3	
			Address	
		FLUSHING, NY 11354		
			City/State and Zip Code	
		ADMIN@SHDATAX.CO		
		E-mail address: (to be used for future annual report not	ification)
For further is	nformation co	oncerning this matter, please c	all:	
BILL FA			718 460-8881	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	ling Address		<u>Street Address:</u> Registration Se	ection
Div	ision of C	orporations	Division of Co.	rporations
). Box 632		The Centre of	
Tal	lahassee, F	·L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, Fl, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FU LI GREEN LEAF, 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 05/19/2021 and assigned Florida document number 1.21000229107 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 "L.L.C." Enter new principal offices address, if applicable: (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: **GUILIAN FU** Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

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

If Changing Registered Agent, Signature of New Registered Agent

Guilian Fu

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	GUILIAN FU	8243 W ATLANTIC BLVD	
		CORAL SPRINGS, FL 33071	□Remove
			□Change
MGR	LI. QUANSHENG	8243 W ATLANTIC BLVD	□ Add
		CORAL SPRINGS, FL 33071	≣Remove
			□Change
			□ Add
	•		Remove
			Change
	. 		□Add
			
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

	
(If an effective Note: If th	tate, if other than the date of filing:
ne record spe ord is filed.	ecifies 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	Guilian fur. Signature of a member or authorized representative of a member
	Guilian Ex
-	Signature of a member or authorized representative of a member
	GUILIAN FU
	Typed or printed name of signee

Filing Fee: \$25.00