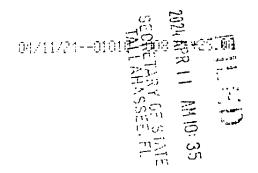
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor				
	ERVICES LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	XILING PANG			20
		Name of Person		75°C
	XILING SERVICES LLC			2024 APR 11 AH 10: 35 SEGRETARY US STATE TALLATIASSEE, FL
		Firm/Company		夏之
	1125 SHOMA DR			SSEE S
		Address		四型 38
	ROYAL PALM BEACH,	FL 33414		' nı 0'
	PANGXILING1188@ICLO	City/State and Zip Code DUD.COM		
	_	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
XILING PANG		646 5756600		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres		Street Address:		
Registration S		Registration Se		
Division of C P.O. Box 632		Division of Co The Centre of	-	
P.O. Box 032			rananassee se Street Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILING PANE XILING	Services LLC.	1
(Name of the Limited L (A F	iability Company as it now appears on our records lorida Limited Liability Company)	<u>=</u> )
The Articles of Organization for this Limited Liabil Florida document number L24000155357	ity Company were filed on 04/01/2024	and assigned
This amendment is submitted to amend the following	ng:	
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 abbieviation, L.C."
•		AR PO
Enter new principal offices address, if applicable	:	70
Principal office address MUST BE A STREET A	DDRESS)	
		ック <u>国</u> で
Enter new mailing address, if applicable:		FL 3g
•		<u> </u>
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
3. If amending the registered agent and/or regis gent and/or the new registered office address he	•	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del>-</del>	, Flo	rida 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>	Address	Type of Action
MGR	XILING PANG	1125 SHOMA DR	
		ROYAL PALM BEACH, FL 33414	□Remove
			□Change
			202 APR
			□Remove    Change   Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the d effective date is listed, the date must b	ate of filing:	o date of filing or more than	(optional) 90 days after filing.) Pursi	uant to 605.020
te: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the applica	ble statutory filing requi	rements, this date will r	ot be listed a
difference date on the Dep	arther of blace 3 records.			
cord specifies a delayed effective s s filed.	date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	ı day after th
APRIL 8	. 2024			
ed				
APRIL 8	2024			

Filing Fee: \$25.00