

L24 000 155 357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

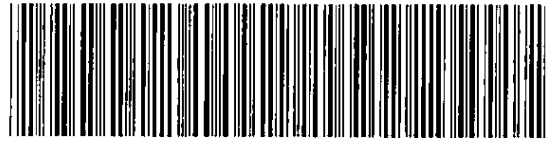
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/24--01011--004 **25.00

FILED
2024 SEP 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xiling service LLC

Name of Limited Liability Company

2024 SEP 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

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

Please return all correspondence concerning this matter to the following:

Yongmei Cai

Name of Person

Yongmei Cai & Associates CPA, PA

Firm/Company

601 N Congress Ave. Suite 412

Address

Delray Beach, FL 33445

City/State and Zip Code

YOUNGMEICPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irene Cai

at (561) 699-7886

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**

Xiling service 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 4/1/2024
Florida document number L24000155357

This amendment is submitted to amend the following:

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

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)

3126 SW Martin Downs Blvd

Palm City FL 34990

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

3126 SW Martin Downs Blvd

Palm City, FL 34990

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:

XILING PANG

New Registered Office Address:

3126 SW Martin Downs Blvd

Enter Florida street address

Palm City

Florida

34990

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



Xiling Pang

If Changing Registered Agent, Signature of New Registered Agent

2024 SEP 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

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>
MGR	XILING PANG	3126 SW Martin Downs Blvd	<input type="checkbox"/> Add
		Bldv Palm City, FL 34990	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

2024 SEP 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

SEP 10 2024

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

Please Change all address to the new address as below:

3126 SW Martin Downs Blvd Palm City, FL 34990

2024 SEP 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 10 PM 1:00

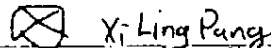
E. Effective date, if other than the date of filing: 08/29/2024 (optional)

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 August 29th 2024

 Xi Ling Pang

Signature of a member or authorized representative of a member

Xiling Pang

Typed or printed name of signer

Filing Fee: \$25.00