## L24000423110



(Red	uestor's Name)	
(Add	Iress)	
(Add	Iress)	
(City	/State/Zip/Phon	e #)
, ,	,	
PICK-UP	MAIT	MAIL
(Bus	iness Entity Na	 me)
(Doc	cument Number)	
(500	· dillosit ( i dilloci)	,
	O-4'6	/ 0
Certified Copies	Centilicate	s of Status
Special Instructions to F	iling Officer.	

Office Use Only



000438111320

. . ..

ć

## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

SUDIECT.	LOIRE US	LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Edlira Lalo		
			Name of Person	<del></del>
		<del></del>	Firm/Company	
		2665 Oakmere Ln		
			Address	
		Sarasota, FL 34231		
			City/State and Zip Code	
		sales@classwithinglass.con		
		E-mail address: (i	to be used for future annual report notif	ication)
For further in	iformation co	oncerning this matter, please ca	all:	
Edlira Lalo			941 899-3342 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	ı check for th	c following amount:		
■ \$25,00 F	Filing Fec	□ \$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)
	iling Address gistration S		Street Address: Registration Sec	tion
		orporations	Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOIRE US LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{124000423110}{2}$ .	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r 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)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da

## 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

Zip Code

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>	Type of Action
AMBR	DONGHUI, LI	NO.8 SHIRONG INDUSTRIAL ESTATE	
		HECUN LISHUI, GUANGDONG, CH 52824-4 CH	<b>≡</b> Remove
			□Change
			□Add
			□Renюve
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
		<u></u>	□Change
			□Add
		<del></del>	□Remove
			□Change

			• • • • • • • • • • • • • • • • • • • •	
				···
	<u> </u>			
<del></del>				<del></del>
<del></del>				<del></del>
			<del></del>	<del></del>
*				_
				<del></del>
<del></del> -				
				. <u> </u>
Effective date, if other than the lifan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prio block does not meet the appli	cable statutory filing req	(optional) an 90 days after filing.) Pu aircments, this date will	rsuunt to 605,020' I not be listed as
e record specifies a delayed effect rd is filed.	ive date, but not an effective	time, at 12:01 a.m. on the	e earlier of: (b) The 96	Oth day after the
October 15	2024			
/ /		- An		
. (	Clup : 110l	O HA		