

P15000081797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

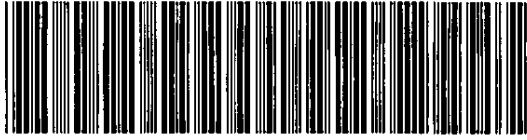
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 AUG 15 PM 4:49  
DIVISION OF COURT SERVICES  
STATE OF ARIZONA

AUG 15 2017  
C McNAIR

**Shilei LLC**  
660 NW 119th St, Suite G, Miami, FL 33168  
Telephone (954) 433-4357  
Email: info@shileillc.com

August 15th, 2017

Florida Department of State  
Phone: 850 245 6050  
Fax: 850 245 6897  
Ref. Number: P15000081797

RECEIVED  
DIVISION OF  
CORPORATION  
AUG 15 PM 4:45

**RE: 3Flors Inc Name Change to Shilei Inc**


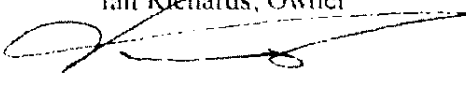
Dear Cheryl or Representative:

Xiaoling Richards and Ian Richards are the owners of Shilei LLC. We are asking that you release the name Shilei for the purpose of this name change. Further, we request you change the name 3Flors LLC to Shilei Inc.

Please call 9544334357 if you have any questions. Thank you.

P.S. Please see attached Letter Number 817A00014893

Very truly yours,

  
\_\_\_\_\_  
Ian Richards, Owner  
  
\_\_\_\_\_  
Xiaoling Richards, Owner

8/15/17  
\_\_\_\_\_  
Date  
8/15/17  
\_\_\_\_\_  
Date

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: 3FLORS INC.

DOCUMENT NUMBER: P15000081797

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IAN RICHARDS  
Name of Contact Person

3FLORS INC.  
Firm/ Company

660 NW 119 STREET  
Address

MIAMI FLORIDA 33168  
City/ State and Zip Code

3FLORSINC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN RICHARDS at (305) 9986161  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
 DIVISION OF  
 CORPORATIONS  
 2017 AUG 15 PM 4:19

Articles of Amendment  
to  
Articles of Incorporation  
of

3FLORS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000081797

(Document Number of Corporation (if known))

2017 AUG 15 PM 4:48  
DIVISION OF REVENUE  
CORPORATION

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

SHILEI INC.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

*(Principal office address **MUST BE A STREET ADDRESS**)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* \_\_\_\_\_

\_\_\_\_\_  
*(Florida street address)*

*New Registered Office Address:* \_\_\_\_\_, Florida \_\_\_\_\_  
*(City) (Zip Code)*

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

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

**Example:**

Change            PT     John Doe

Remove            V       Mike Jones

Add                 SV     Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>V</u>	<u>XIAOLING RICHARDS</u>	<u>660 NW 119 STREET</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI FLORIDA 33168</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

ALL SHARES ARE TRANSFERED FROM CURRENT SHARE HOLDERS TO

IAN RICHARDS AND XIAOLING RICHARDS

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JANUARY 1, 2016

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

JANUARY 1, 2016

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

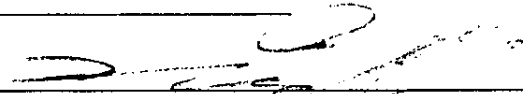
"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

01/01/2016  
Dated \_\_\_\_\_

Signature \_\_\_\_\_  


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

IAN RICHARDS

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

\_\_\_\_\_  
(Title of person signing)