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EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: BELJING CAFE LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
KEVIN SEA  Name of Person  C. K. SEA + CO LLC  Firm/Company	
15 DIVISION ST FLZ Address	<b>≥</b> →
NEW YORK, NY 10002  City/State and Zip Code	
9176508661 K @ GMAIL. COM E-mail address: (to be used for future annual report notification)	25 P
For further information concerning this matter, please call:	For St
Kevin Sea at 22 226 - 1800  Name of Person Area Code Daytime Telephone Number	MAIL DRIBE
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	npany as it now appears of ed Liability Company)	on our records.)	
(A FIORIDA LIMIO	sa Elability Company)	i . / w. ! -	<i>_</i>
The Articles of Organization for this Limited Liability Compa	ny were filed on	11/14/200	28 and assigned
Florida document number <u>LO8000106058</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limited 1	Liability Company," the de	esignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
			3 · (1)
	_		Con A
Enter new mailing address, if applicable:			0 N
(Mailing address MAY BE A POST OFFICE BOX)			SE O
Truning under coo mail built out of the sound			
B. If amending the registered agent and/or registered		our records, <u>ente</u>	
registered agent and/or the new registered office address b	<u>iere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	la street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a	agree to act in this co	apacity. I further i	agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBK = Auti	norizea Miember		
<u>Title</u>	Name	Address	Type of Action
AMBR	LIU, XIN JIN	4230 SAWYER CIR APT.	$B_{\Box}$ add
		57. CLOUD, FL 34772	Remove
			<del></del>
MEMBER	LIU, JIN QUAN	2851 COUNTY RD. 26W.	<b>A</b> dd
		SUITE # 118	
		JACKSONVILLE, FL 32250	<u> </u>
			□ Add
		.1.	Remove
		A	NOV 2 Memove
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	date this document i	is filed by the Florida Department of State)
1111 XIII V 1	date this document i	is filed by the Florida Department of State)
$I_{A}IA + NAP = I_{A}IA$	e date this document i	is filed by the Florida Department of State)  18  2014  Note: The state of

Page 3 of 3

Filing Fee: \$25.00

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