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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PF FL PROPERTY, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JOSEPH DU

\_\_\_\_\_  
Name of Person

PF FL PROPERTY, LLC

\_\_\_\_\_  
Firm/Company

3030 N. ROCKY POINT DR., SUITE 150A,

\_\_\_\_\_  
Address

TAMPA, FL 33607

\_\_\_\_\_  
City/State and Zip Code

hjdku.real.estate@gmail.com

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

For further information concerning this matter, please call:

JOSEPH DU

407 4188121

at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PF FL PROPERTY, 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 01/06/2018 and assigned  
Florida document number L12000112290.

This amendment is submitted to amend the following:

**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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3030 N. ROCKY POINT DR.

SUITE 150A

TAMPA, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3030 N. ROCKY POINT DR.

SUITE 150A

TAMPA, FL 33607

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**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:

REGISTERED AGENTS INC.

New Registered Office Address:

3030 N. ROCKY POINT DR., SUITE 150A,

*Enter Florida street address*

TAMPA

*City*

Florida 33607

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEPH DU	4235 RENOAK CRT	<input type="checkbox"/> Add
		MISSISSAUGA, ONT	<input checked="" type="checkbox"/> Remove
		L5C 4K1 CANADA	<input type="checkbox"/> Change
MGR	HELENA JIN	4235 RENOAK CRT	<input type="checkbox"/> Add
		MISSISSAUGA, ONT	<input checked="" type="checkbox"/> Remove
		L5C 4K1 CANADA	<input type="checkbox"/> Change
MGR	JOSEPH DU	3030 N. ROCKY POINT DR.	<input checked="" type="checkbox"/> Add
		SUITE 150A	<input type="checkbox"/> Remove
		TAMPA, FL 33607	<input type="checkbox"/> Change
MGR	HELENA JIN	3030 N. ROCKY POINT DR.	<input checked="" type="checkbox"/> Add
		SUITE 150A	<input type="checkbox"/> Remove
		TAMPA, FL 33607	<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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**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.

Dated                     FEB 14                    ,                     2018                    

JOSEPH DU

Typed or printed name of signee