

L15000067386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

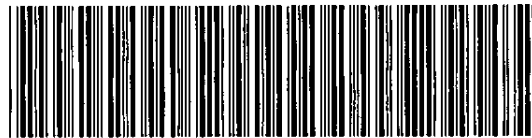
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2015

N. CAUSSEAU

15:21

Update Payment

06/19/15

DEP Page 0001/0001

| | | | |
|---------------------|----------------------|-----------------|----------|
| Deposit Number | : 06/03/15 01017 006 | Deposit Amount | : 25.00 |
| Account Number | : | Deposit Balance | : 0.00 |
| Refund Request Date | : | Debit Memo Date | : |
| Refund Mail Date | : | Void Date | : |
| Refund Amount | : 0.00 | User ID | : JDKISH |
| Requester | : | | |

| | | | |
|--------------------|----------------|--------------------|----------------|
| | | DOC Page | 0001/0001 |
| Tracking Number | : 300272348453 | Document Number | : 300272348453 |
| Ledger Date | : 06/03/15 | Sub Account Number | : |
| Document Requester | : | | |

| <u>Category</u> | <u>Description</u> | <u>Amount</u> |
|-----------------|----------------------|---------------|
| CF | ALL CORP FILING FEES | 25.00 |

<Ctrl>A - Add Pay <Ctrl>R - Rem pay <Ctrl>D - Print doc <Ctrl>V - Print check

LENDERS FINANCIAL MORTGAGE CORP.

20283 STATE RD. 7, STE. 300

Boca Raton, FL 33498

PHONE: 561-482-1001

FAX: 561-482-1003

EMAIL: lendersmtg@juno.comWEB SITE: www.hotfloridarates.com

June 3

TO: Nanette FROM: Blanca
COMPANY: DATE: 6-19-15
FAX NUMBER: 850-245-6030 TOTAL PGS. BEING FAXED: 8
RE: Dimin Huang, LLC - Doc. # L15000067386
NOTES/COMMENTS:

The above documents were mailed on
5-23-15 and per attached documentation
the check was cancelled on 6-4-15 but
the changes have not been made
in the system.

Thanks

RECEIVED

15 JUN 18 PM 3:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

"HAVE A GREAT DAY!"

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMIN HUANG, 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:

SIMIN HUANG

Name of Person

SIMIN HUANG, LLC.

Firm/Company

2200 NW 78 AVENUE #203

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

SIMIN.HUANG@YMAIL.COM

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

For further information concerning this matter, please call:

SIMIN HUANG

at (954) 864-4071

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

SIMIN HUANG, 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 04-17-2015 and assigned
Florida document number L15000067386

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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> |
|--------------|-------------|--------------------------|--------------------------------------------|
| MGRM | SIMIN HUANG | 2200 NW 78 AVENUE #203 | <input type="checkbox"/> Add |
| | | PEMBROKE PINES, FL 33024 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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FROM : Panasonic FAX SYSTEM

PHONE NO. :

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

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E. Effective date, if other than the date of filing: 05/22/2015 (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 reported 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 MAY 22 2015


Signature of a member or authorized representative of a member

SIMON HUANG

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00



Wells Fargo Online®

View Check Copy

| Check Number | Date Posted | Check Amount | Account Number |
|--------------|-------------|--------------|-------------------------------------------|
| 098 | 06/04/15 | \$25.00 | WELLS FARGO PREFERRED CHECKING XXXXXX5115 |

098

05/23/15

60-101421 1573

Pay to the order of Florida Department of State \$ 25.00 -

twenty-five / 100

WELLS FARGO

00631075130 8031645115 00095

006-4510473-100050756
DEPOSIT ONLY \$25.00
06/03/15-01017-006

Equal Housing Lender

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