L16000016329

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COVER LETTER

	legistration Sec Pivision of Corp			
CUD IECT		K OF LARGO LLC		
SUBJECT	·	Name of Limi	ted Liability Company	
The enclose	sed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter t	to the following:	
		ANDY B LAI, CPA		
		 	Name of Person	
		LAI & COMPANY CPA, I	PLLC	
			Firm/Company	
		7850 ULMERTON ROAD	, SUITE 7A	
			Address	
		LARGO, FL 33771		
			City/State and Zip Code	
		andy (où @)	Lacocpa www. to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca		·
ANDY B	LAI, CPA		727 592-0678 at ()	
	Name of	Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.00	0 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

CHINA WOK OF LARGO LLC			
(Name of the Limited L (A.F.	Liability Company as it no Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liabil Florida document number L16000016329	lity Company were file	ed on 01/25/2016	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability com	pany here:	
The new name must be distinguishable and contain the words	s "Limited Liability Compa	my," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	X)		
B. If amending the registered agent and/or registered agent and/or the new registered office		iress on our records,	enter the name of the
Name of New Registered Agent:		···	
New Registered Office Address:			
		Enter Florida street address	
-		, Flori	
No. Decident Access Street	City		Zip Code
New Registered Agent's Signature, if changing Regi			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	md complete perform red agent as provided istered office address	ance of my duties, and for in Chapter 605, F.	I am Amiliar with and S. Or, If this document is

MGR= M	*	rom our records: nager thorized Member	
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
		-	Add
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			OF SI DRIE O

very much for your help.			
		-	
ective date, if other than the date of filing	·•	(ont	tional)
effective date is listed, the date must be specific and tee: If the date inserted in this block does not m	cannot be prior to date of filing or n	nore than 90 days after	er filing.) Pursuant to 60
ument's effective date on the Department of S	tate's records.		
record specifies a delayed effective d	ate, but not an effective	time, at 12:01	a.m. on the earl
he 90th day after the record is filed.			
ed February 2	2016		
11/200	ten Tens		
	nember or authorized representative	of a member :	
Signature of a n	iemoer of aumorized representative	or a memoer	
Signature of a n	Typed or printed name of signee) 1 2	TERRITARY T