

L21 000 251230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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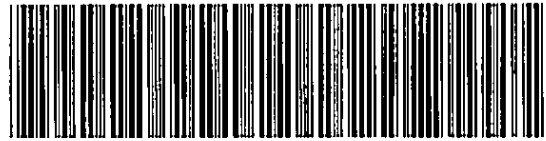
(Business Entity Name)

(Document Number)

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2021 JUL 29 PM 2:54  
FBI - JN

BY BRUCE  
AUG 08 2021

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: 666 Investments 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:

Marcus Thompson, Esq.

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

Old City Law, PLLC

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

1 Iberia Street

\_\_\_\_\_  
Address

St. Augustine, FL 32084

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

mthompson@oldcitylaw.com

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

For further information concerning this matter, please call:

Marcus Thompson, Esq.

904 478-8081  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 JUL 28 PM 3:14

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

666 Investments 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 05/28/2021 and assigned  
Florida document number L21000251230.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

407 Casa Sevilla Avenue

St. Augustine, FL 32092

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

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

407 Casa Sevilla Avenue

St. Augustine, FL 32092

**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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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	Richard L. Bornmann	13 Lockhart Lane	<input type="checkbox"/> Add
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Xiao Yin	407 Casa Sevilla Avenue	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Huan Yin	407 Casa Sevilla Avenue	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2071 JUN 29 PM 2 04

**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 July 23, 2021

Xiao Li

Xiao Yin

**Filing Fee: \$25.00**