## L10000 112024

(Re	equestor's Name)		
(Ac	ldress)	<del></del>	
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me) •	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		





800288636548

08/04/16--01026--018 \*\*25.00

711 AUG -11 A III: 09

IAUG 015 2013 BRUCE

## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: 2468 Mana			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mia A. Thomas		
		Name of Person	
	Mia A. Thomas, CPA		
	· · · · · · · · · · · · · · · ·	Firm/Company	
	1408 E. Robinson Street		
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	
	mthomas@miathomascpa.c E-mail address: (	om to be used for future annual report notific	eation)
For further information of	concerning this matter, please ca	all:	DALL.
Mia A. Thomas		at ( <u>407</u> ) <u>440-2825</u>	>> <del></del>
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2468 Management, 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 10/26/2010 and assigned Florida document number <u>L10000112024</u> 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 "LLC." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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>	Name	<u>Address</u>	Type of Action
MGR	Kim L. Hua	1560 Watersedge Road	
		Mississaugo, Ontario L5J1A4	Remove
		CANADA	Change
			🖸 Add
			Remove
•			Change
			Add
		<u> </u>	Remove
			Change
<del></del>		5-1 5-7 1-1 3-1 3-1 3-1 3-1 3-1 3-1 3-1 3-1 3-1	Add
		25.0 20.0 20.0 20.0 20.0 20.0 20.0 20.0	
		Sign Sign Sign Sign Sign Sign Sign Sign	Remove
			Change
			Add
			□ Remove
			☐ Change

4				· · · · · · · · · · · · · · · · · · ·	_
,					_
•					
					_
1 114 114	,				_
					_
				<u> </u>	_
		,			_
					_
				2016 TÀLL	
				<b>高</b>	- ·
				27	— [
		<u> </u>		<u> </u>	[
				===	_
				10	
				3.2	
ctive date, if other than the date of filir	ng: 7/29/2016		(optiona	n	
frective date is listed, the date must be specific and I if the date inserted in this block does not	ad cannot be prior to d	late of filing or more tha	n 90 days after filir	ig.) Pursuant to 6	605.02
ment's effective date on the Department of	State's records.	e statutory ming requ	nements, this da	e will not be in	isted
ecord specifies a delayed effective e 90th day after the record is filed		n effective time,	at 12:01 a.m	. on the ear	lier
d July 29,	, 2016				
Sighature of a	11				
Kum 2.	Huan	ad rapracantativa of a m	amhar		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00