## 118000044728

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SECRETARY OF STATE FALLAHASSEE. FLORIDA

## COVER LETTER

то:	Registration Se Division of Cor			
	87231388 I	LC		
SUBJEC	CT:	Name of Lim	ited Liability Company	<del> </del>
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		SANDY OU		
			Name of Person	
		1388 LLC		
			Finn/Company	
		7305 JACKSON SPRING	S RD	
			Address	
		TAMPA FL 33634		
		<del></del>	City/State and Zip Code	
		sandysou51@gmail.com		
		E-mail address: (	to be used for future annual rep	or notification)
For furth	er information c	oncerning this matter, please co	all:	
SANDY	OU		727 873-8 at ( )	728
	Name o	f Person		Daytime Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Division of Clifton Build	Corporations ding ive Genter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1388 LLC	ļ			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now a d Liability Comp	ppears on our records,) any)	<del></del>	
The Articles of Organization for this Limited Liability Compan	ny were filed o	n FEBRUARY 19, 2018	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility compar	y here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company,"	the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	<del></del>			_⊼ S
(Principal office address MUST BE A STREET ADDRESS)			<u></u>	
			\$	 Z.∀.
				SS
Enter new mailing address, if applicable:				₩⊆
(Mailing address MAY BE A POST OFFICE BOX)	nend the following:  new name of the limited liability company here:  decontain the words "Limited Liability Company," the designation "L.L.C."  ess, if applicable:  DEA STREET ADDRESS)  agent and/or registered office address on our records, enter the name of the new registered office address here:  Agent:  ddress:  Enter Florida street address  Florida  City  Tip Code  if changing Registered Agent:  as registered agent and agree to act in this capacity. I further agree to comply with the to the proper and complete performance of the proper and tam familiar with and tition as registered agent as provided for in Chapter 605. F.S. Or, if this document is ange in the registered office address, I hereby confirm that the limited liability			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  Name of New Registered Agent:  New Registered Office Address:	<u>:re</u> :		the name of the	new
		Florida		
<del> </del>	City	, riorida	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performanc s provided for	e of my duties, and I am j in Chapter 605, F.S. Or,	familiar with and if this document i	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = 1 AMBR =	Manager Authorized Member		
Title	Name	Address	Type of Action
CEO	SANDY OU	7305 JACKSON SPRINGS RD	
		TAMPA FL 33634	Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
<del></del>			Add
			□ Remove
			Change
			Add
			☐ Remove
			Add
			□ Remove
			☐ Change

If amending any other inforn	iation, enter	change(s) here	: (Attach add	litional shee	ets, if necessar	ry.)		
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							7: 41	LORIDA
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	- <u>-</u>						_	
rier i la le la la la	3 . r.m.	02/28/2018			, ,,			
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	iust be specific a block does no	and cannot be prior to t meet the applica				g.) Pursuant to 6		
he record specifies a delay The 90th day after the re			an effectiv	e time, at	12:01 a.m.	on the ear	lier o	f:
Dated February 28		. 2018						
	- 20		<del></del>					
CANDA OU	Signature of	a member or autho	rizea representa	uve of a mem	DCf			
SANDY OU				1				

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Filing Fee: \$25.00