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(Re	equestor's Name)	
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2015 SEP - 4 PM 4: 37

K.SALY EXAMINER SEP -8 2015

COVER LETTER

JECT:	v isteria Inv	vestments LLC		
_	,	Name of Limite	ed Liability Company	
anclosed .	Articles of	Amendment and fee(s) are subm	itted for filing	
•			_	
e return a	II correspo	ndence concerning this matter to	the following:	
	,	Jason Ng		
	1		Name of Person	
ŀ		Wisteria Investments LLC		
			Firm/Company	
		2637 E Atlantic Blvd, #3378	0	
			Address	
		Pompano Beach FL 33062		
		1,000	City/State and Zip Code	
		cw5968@gmail.com		
		E-mail address: (to	be used for future annual	report notification)
urther inf	ormation co	oncerning this matter, please call		
iNg 1	:			8-6255
	Name of	ì Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED 2015 SEP -4 PM 4: 37

Wisteria 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 $\frac{11/3/2003}{1}$ Florida document number __L03000043067 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) 2637 E Atlantic Blvd Enter new mailing address, if applicable: #33780 (Mailing address MAY BE A POST OFFICE BOX) Pompano Beach FL 33062 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 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

Title;	<u>Name</u>	Address	Type of Action
MGRM	Chiwah J Ng	2637 E Atlantic Blvd, #33780	
		Pompano Beach FL 33062	Remove
			■ Change
AMBR	Waifun V Ng	2637 E Atlantic BLvd, #33780	_ Add
		Pompano Beach FL 33062	□ Remove
			□ Change
AMBR	Ho H Bui	7613 Shore Acres St	□ Add
1		Wesley Chapel FL 33545	Remove
			Change
AMBR	Dung P Bui	7613 Shore Acres St	■ Add
		Wesley Chapel FL 33545	□ Remove
			□ Change
		 	SECRETALLY AHASSE
			OF STATE ORION
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, 			Change

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<u>te:</u> If the date inserted in this	must be specific and cannot be prior to date of filing c	(optional) or more than 90 days after filing.) Pursuant to 605.0207 iling requirements, this date will not be listed as
record specifies a delay he 90th day after the r	ed effective date, but not an effective ecord is filed.	e time, at 12:01 a.m. on the earlier of
2 2 2.7 day areer ere r		
ed Sept 2	2015	
	,	
	Signature of a member or authorized representati	

Page 3 of 3

Filing Fee: \$25.00