

From:

07/19/2021 08:52

#089 P.001/004

Division of Corporations

7-19-2021

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : 360 CORPORATE SOLUTIONS, LLC
Account Number : I20210000090
Phone : (305)529-5440
Fax Number : (305)529-5441

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAOKIN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 JUL 19 PM 1:39
SUSAN M. SAWYER
TALLAHASSEE, FLORIDA
FAX/PHONE: 850-514-2011
E-MAIL: SAWYER@FLDOA.GOV

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SUSAN M. SAWYER
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

BB
7/20/2021

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MAOKIN, 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 08/19/2004 and assigned
Florida document number 104000061770.

This amendment is submitted to amend the following:

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

...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**)*

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 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*

Enter Florida street address

City Florida 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

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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>
MGRM	MAOKIN C.A.	3945 S.W. 188th Avenue Miramar, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Edwards Siher	3945 S.W. 188th Avenue Miramar, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Ana Ofelia Fung Chiu	3945 S.W. 188th Avenue Miramar, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
DT	Cory Fung Chiu	3945 S.W. 188th Avenue Miramar, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
DV	Fermin Fung Chiu	3945 S.W. 188th Avenue Miramar, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Graph showing the relationship between the number of species (S) and the number of individuals (N). The x-axis is labeled N and ranges from 0 to 35. The y-axis is labeled S and ranges from 0 to 10. The data points show a positive correlation, with S increasing as N increases. A smooth curve is drawn through the points, starting at approximately (0, 1) and ending at approximately (35, 10).

N	S
0	1
5	2
10	3
15	4
20	5
25	6
30	7
35	8

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 15

2021

100

Signature of a member or authorized representative of a member

Edwards Siber

Type or printed name of signee

Filing Fee: \$25.00