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(1	Requestor's Name)	
(,	Address)	
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((	City/State/Zip/Phone #)	<u></u>
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	

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D COMMENT

## COVER LETTER

Registration Section

Division of Corporations

TO:

	NEY LAW FIRM, LLC				
SUBJECT:	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:			
	NEIL MOONEY				
		Name of Person	-		
		Firm/Company			
	2717 NEUCHATEL DRIV	/E Address			
	TALLAHASSEE, FL 32				
		City/State and Zip Code			
	nmooney@customscourt.ec E-mail address: (	om to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	aH:			
Neil Mooney		at () <u>980 6345</u> Area Code Daytin			
Name o	t Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he 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		Street Address: Registration Section			
Division of C P.O. Box 632	•	Division of Co The Centre of	Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monre	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited)	i <mark>nv as it now appears on our</mark> Liability Company)	records.)	<del>_</del>
The Articles of Organization for this Limited I	_iability Company	were filed on <u>08/27/2004</u>	an an	d assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
LIANG + MOONEY, PLLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if appli	cable:	2104 Delta Way #1		
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 and and/or the new registered office address here:		Tallahassee, FL 32303		
		2104 Delta Way #1  Tallahassee, FL 32303  address on our records.	enter the name of the	PILE Dregistered
Name of New Registered Agent:	Shanshan Lian	g		
New Registered Office Address:	2104 Delta Wa	y #1 Enter Florida street	address	<del></del>
	Tallahassee		, Florida <u>32303</u>	
	<del></del>	City		Tode

## New Registered Agent's Signature, if changing Registered Agent:

THE MOONEY LAW FIRM, LLC

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>	Address	Type of Action
MGR	SHANSHAN LIANG	2104 DELTA WAY #1	<b>=</b> Add
		TALLAHASSEE FL 32303	□Remove
			☐ Change
MGR	NEIL B. MOONEY	2104 DELTA WAY #1	□ Add
		TALLAHASSEE FL 32303	□ Remove
		-	Change
			\ \ \ \ \_Add
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ote: I	ve date, if other etive date is listed. If the date inserte ent's effective dat	d in this block o	loes not meet t	the applicab	date of tiling de statutory	or more than filing require	(option 00 days after fil ements, this d	al) ing.) Pursuant ate will not l	to 605.020 be listed a:
record is file	specifies a delay d.	ed effective dat	e, but not an e	ffective tim	e, at 12:01 s	i.m. on the e	arlier of: (b)	The 90th da	y after the
ated S	SEPTEMBER 2		20	)22					
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	'	N = 5				>			
		Sign	nure of a memb	er or authori	zed represent	ative of a mer	nber		

Filing Fee: \$25.00