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COVER LETTER

	Division of Cor				;
SUBJECT	Kim & Lee	Oriental, LLC		<i>:</i>	
30 bare	'· _ 	Name of Lim	ited Liability Company		_
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	•		
		Matt Smith, Esq.			
			Name of Person		
		Andersen, Tate & Carr, P.	C.		
		-	Firm/Company		
		1960 Satellite Blvd., Suite	4000		
			Address		
		Duluth, GA 30097			
			City/State and Zip Code	••	
		jfsmith@atclawfirm.com	to be used for future annual report	notification)	_
For furthe	r information c	oncerning this matter, please ca			
Jackie Sm			678 518-6846 at ()	;	
Name of Person		Area Code Day	time Telephone Nu	mber	
Enclosed i	is a check for th	he following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed
	Mailing Addres Registration S		Street Address Registration		
Ι	Division of C	Corporations	Division of C	Corporations	
F	P.O. Box 632	27	The Centre of	of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION - -? " 7: 51:

(Name of the Limited Liabil) (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
	Company were filed on 07/11/2005 and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the lim	nited liability company here:
e new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADD	RESS)
nter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registere ent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kim, Hye Ryan	9311 Sedgewood Dr, Lake Worth, FL 33070	□Add
			≣Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Page 2 of 3

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tive date, if other than the feetive date is listed, the date must. If the date inserted in this blument's effective date on the D	ock does not meet the applic	able statutory filing	(optional) e than 90 days after filing.) requirements, this date v	Pursuant to 605. vill not be liste
ecord specifies a delayed e 90th day after the rec				n the earlie
d	, 2020	///	AF	
	Signature of a member or auth	orized representative o	f a member	

Page 3 of 3

Filing Fee: \$25.00