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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 20 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PPL INVESTMENTS, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles C. Chow

Name of Person

Kim Yewng Ling, P.C.

Firm/Company

1010 RACE ST. 1st FL, STE#3

Address

Philadelphia, PA 19107

City/State and Zip Code

Charles @ kimlingcpa.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Chow

Name of Person

at (215) 922-2684

Area Code & Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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DPL INVESTMENTS, LLC.

PPL INVESTMENTS IN ORLANDO, LLC.

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

NONE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated Oct 14th, 2010



Signature of a member or authorized representative of a member

PANG, WAI KUEN

Typed or printed name of signee