

109000070371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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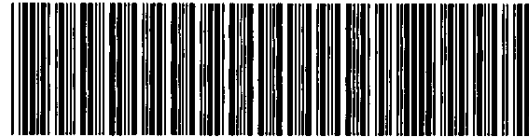
(Business Entity Name)

(Document Number)

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2013 OCT 17 PM 2:00
TAX OF STATE
TREASURY OF FLORIDA

OCT 18 2013

D. BRUCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: PHONE-SWEEPS DAYTONA 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:

ALEX YU, Esq

Name of Person

Law Offices of Alex Yu

Firm/Company

15255 Amberly Drive

Address

Tampa, FL 33647

City/State and Zip Code

ayu@alexylaw.com

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

For further information concerning this matter, please call:

ALEX YU, Esq

Name of Person

at (813)

514-2885

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

FILED
2013 OCT 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PHONE-SWEEPS DAYTONA 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 10/15/2013 and assigned
Florida document number L09000070371.

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 end with 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)

3132 woodland ave

Deland FL 32720

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3132 Woodland ave

Deland FL 32720

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2013 OCT 17 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Bradley D Donovan

New Registered Office Address:

3132 Woodland Ave

Enter Florida street address

Deland

City

Florida

32720

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 608, 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.

Bradley D. Donovan
If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	Huang, Suzhen	1116 Beville Rd Daytona Beach FL 32114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lin, Ming Guan	1116 Beville Rd Daytona Beach FL 32114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Donovan, Bradley D	3132 Woodland Ave Deland FL 32720	<input checked="" 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.)*

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 TALLAHASSEE FLORIDA

Dated _____, _____.

Signature of a member or authorized representative of a member
Donovan, Bradley D

Typed or printed name of signee