

L10000065026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

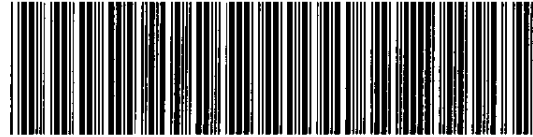
L1-65026

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2011

ZHU YING LIANG
2620 N. HIAWASSEE RD B1008
ORLANDO, FL 32818

SUBJECT: BLING BLING BLING, LLC
Ref. Number: L10000065026

We have received your document for BLING BLING BLING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 611A00001352

COVER letter

Division of Corporations

NAME OF CORPORATION: Bling Bling Bling LLC

DOCUMENT NUMBER: 5880154032402

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZHU YING LIANG

Name of Contact Person

Bling Bling Bling LLC

Firm/ Company

2620 N Hiawassee Rd B1008

Address

Orlando, FL 32818

City/ State and Zip Code

danxie8818@yahoo.com

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

For further information concerning this matter, please call:

ZHU Y. LIANG

Name of Contact Person

at (407) 733-8818

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bling Bling Bling 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:

Zhu Ying Liang
Name of Person

Bling Bling Bling LLC
Firm/Company

1840 Nesting Ln
Address

Winter Garden, FL 34787
City/State and Zip Code

danxie8818@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 15 PM 3:18

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For further information concerning this matter, please call:

Zhu Ying Liang at (407) 733-8818
Name of Person 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)

pd

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bling Bling Bling 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 01/10/2011 and assigned
Florida document number 0440207363.

This amendment is submitted to amend the following:

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

NIA

The new name must be distinguishable and end with 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**)

NIA

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1840 Nesting Ln
Winter Garden, FL 34787

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:

NIA

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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members of 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

Title	Name	Address	Type of Action
MGR / owner	Bob Ericson (Robert Ericson)	2620 N Hiawasse Rd 81008 Orlando, FL 32818	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR / owner	Zhu Ying Liang	1840 Nesting Ln Winter Garden, FL 34787	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY OF STATE

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

N/A

Dated _____

Zhu Ying Liang
Signature of a member or authorized representative of a member
ZHU YING LIANG
Typed or printed name of signee