

L10000071614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

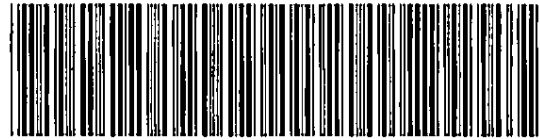
(Business Entity Name)

(Document Number)

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03/20/19--01012--014 \*\*25.00

R. WHITE

MAR 30 2019

*[Handwritten signature]*

FILED  
2019 MAR 20 PM 3:05  
STATE OF OHIO

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vagabond Traveler  
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:

Long Zhang

Name of Person

Vagabond Traveler

Firm/Company

1445 Oviedo Mall Blvd.

Address

Oviedo FL 32765

City/State and Zip Code

yangyuexingchen@gmail.com

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

For further information concerning this matter, please call:

Long Zhang

407

4709377

at ( )

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)

### 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

please note  
new name:

Vagabond

Traveler

# FILED

2019 MAR 20 PM 3:05

SECRET  
records.) L. ... DATE

DATE

07/07/2010

ted to amend the following:

**Enter the new name of the limited liability company here:**

lishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

ces address, if applicable:

**MUST BE A STREET ADDRESS)**

ess, if applicable:

E A POST OFFICE BOX)

gistered agent and/or registered office address on our records, enter the name of the new  
he new registered office address here:

Registered Agent:

Office Address:

Enter Florida street address

, Florida

$$\zeta_{\text{eff}}$$

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Signature, if changing Registered Agent:**

inment as registered agent and agree to act in this capacity. I further agree to comply with the relative to the proper and complete performance of my duties, and I am familiar with and of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is lect a change in the registered office address, I hereby confirm that the limited liability ed 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Please change current company name from Lonma Leather LLC to Vagabond Traveler LLC

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 03-18, 2019

Signature of a member or authorized representative of a member

Long Zhang

Typed or printed name of signee