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D. BRUCE
NOV 17 2010
EXAMINER

## **COVER LETTER**

то:	Registration S Division of Co			
SUBJE	ect.	NEW	KIM BO, LLC	
13 C D 3 E			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			QING JIN LU	december de l'Archite
			Name of Person	
			Firm/Company	
		5675 N	ATLANTIC AVENUE, #116 Address	
		60	COA BEACH, FL 32931	10 40
			City/State and Zip Code	NOV 16 PH
		E-mail address: (	to be used for future annual report notification)	PH 2:-1
For fur	ther information	concerning this matter, please of	call:	2: 12 ORIO
		QING JIN LU	at ( 321 ) 868-7736  Area Code & Daytime Telephone	3
	Name	or reison	Alea Code & Dayline Telephole	vance
Enclose	ed is a check for	the following amount:		
\$25	6.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	.00 Filing Fee. ertificate of Status & ertified Copy dditional copy is enclosed)
	Regis Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDR' Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	es:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW KIM	BO, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.	
(	,, ,		
The Articles of Organization for this Limited Liability Company	were filed on	07/27/2010	and assigned
Florida document numberL10000078670			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim	ited Liability Comp	any," the designation "L	LC" or the abbreviation
"L.L.C."			<b>X X</b>
Enter new principal offices address, if applicable:	5675 N ATL	ANTIC AVENUE, #	#116 P P
(Principal office address MUST BE A STREET ADDRESS)	COCOA BEA	ACH, FL 32931	SE O
	***		
			SH ? U
Enter new mailing address, if applicable:	5675 N ATL	ANTIC AVENUE, #	11166
(Mailing address MAY BE A POST OFFICE BOX)	COCOA BE	ACH, FL 32931	عاد غير 
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he name of the new
Tegistered agent and/or the new registered ornec address ner	<u></u> .		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	E.	nter Florida street add	
	E.i	aw r wriau sirvet aaa	7 699
	Cin.	, Florida	Ziv Code
	City		zip Coae

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

MGR = M MGRM =	anager Managing Member		•
<u> Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			<b>=</b>
····			
			Add Remove
D. If amer	nding any other information, enter c	hange(s) here: (Attach additional sheets, if nece	essary.)
<u>-</u>			TO MOV 16
Dated	NOVEMBER 09	2010	TOA TOA
	Signature of a me	ember or authorized representative of a member	
		QING JIN LU	
	Ί	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00