L11000011318

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COVER LETTER

SUBJECT:	Orlando I House, LLC				
300 J EC1.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Grace Feng				
		Name of Person	 		
	Orlando I House, LLC				
		Firm/Company	····		
	7065 Westpointe Blvd, Suite 206				
		Address			
	Orlando, FL 32835	Address			
	GraceFeng2004@Gmail.co	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca	all:			
Grace Feng		407 233 5453			
Name o	f Person	at () Area Code Daytime	: Telephone Number		
Nume		Area Code 124yunk	receptione regimes		
Enclosed is a check for the	ne 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:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

2019 Fr. 20 AH 10:40 Orlando I House, 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 _ and assigned Florida document number 1.11000011318 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Grace Feng, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7065 Westpointe Blvd, Suite 206 Enter new principal offices address, if applicable: Orlado, FL32835 (Principal office address MUST BE A STREET ADDRESS) Same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> N/A	Address	Type of Action
			Add
			□ Remove
			☐ Change
			☐ Add
			П Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
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E. Effectiv	ve date, if other than the date of filing:
(If an effe <u>Note:</u>	ective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as east of the state on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	2/15/2018
Dated _	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Grace Feng

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Typed or printed name of signee

Filing Fee: \$25.00