L120000 83087

(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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J. HARRIS

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Taipei Taipe			
SOBOLC 1.			ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter t	to the following:	
		Mingwen Tsai		
			Name of Person	
		Taipei Taipei LLC		
			Firm/Company	
		322 N Broad St		
			Address	
		Brooksville, FL 34601		
			City/State and Zip Code	
		phyllis1109@hotmail.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For further	information co	neerning this matter, please ca	ıll:	
Mingwen T	`sai		352 777-4909	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	S30.00 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taipei Taipei LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) imited Liability Company)	
ne Articles of Organization for this Limited Liability Conorida document number L12000083087	npany were filed on <u>06/25/2012</u>	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
e new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" (or the abbreviation "E.C."
iter new principal offices address, if applicable:		<u> </u>
rincipal office address MUST BE A STREET ADDRES	<u></u>	7: 2 Common
		7
ter new mailing address, if applicable:		2:
ailing address MAY BE A POST OFFICE BOX)		\$11.00
		·
If amending the registered agent and/or register	red office address on our records.	enter the name of the r
gistered agent and/or the new registered office addres		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
	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 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.

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>	Address	Type of Action
AMBR	Wen Chi Lin	322 N Broad St	Add
		Brooksville, FL 34601	■ Remove
			Change
AMBR	Mingwen Tsai	322 N Broad St	= Add
		Brooksville, FL 34601	Remove
		-	□ Change
			
			☐ Remove
			□ Change
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			Change Ch
			Add
			Remove
			□ Change
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			□ Remove
			□ Change

fective date, if other than the date of filing: In 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 605.0 Mee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records. It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. August 24 2017 Signatuge of a member or authorized representative of a member			
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		Typed or printed name of signee	್ 💆

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Filing Fee: \$25.00