## L12000151312

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## **COVER LETTER**

TO:

TO: Registratio Division of	on Section Corporations		
3835 N	MAIN, LLC		
SUBJECT:			
		mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	ubmitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
	Nancy Gauthier		
		Name of Person	
	HEATON COMPANIES		
		Firm/Company	
	277 ROYAL POINCIAN	JA WAY	
		Address	
	PALM BEACH, FL 334	180	
	NANCY@HEATONCOM	City/State and Zip Code MPANIES.COM	
	E-mail address	(to be used for future annual report notification)	
For further informati	ion concerning this matter, please	call:	
Nancy Gauthier		561 833-5500	
Na	me of Person	Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:		Ø
■ \$25.00 Filing Fe	ee	(additional copy is chelosed)	:ī =
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	フ

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3835 MAIN 11 C

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12.3.2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	illity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u> Ga</u>
New Registered Office Address:		2021
	Enter Florida street address	APR
	, Florida	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	City:	Zip Code , TT
l hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j	performance of my duties, and I am fai	niliar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
MGR	JIANG, WENHUA "JANET"	6 BENNETT ST. CAMBRIDGE, MA 02138	
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			N □Add
			☐ Remove
			□Change
			□Add
			□Remove
			□Change

	Nancy Gauthier Signature of a member of Nancy Gauthier	or authorized representative of a men	iber		
Dated	·	<u>.                                    </u>		1:26	
	PRII. 8 2021		• • • • • • • • • • • • • • • • • • • •	T	O
he record s ord is filed	pecifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the ea	arlier of: (b) Th	e 90th day at	fter the
	's effective date on the Department of State's re			IN APR	TT =
(If an effect	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be the date inserted in this block does not meet the	e prior to date of filing or more than applicable statutory filing require	00 days after filing.	) Pursuant to 6	505.0207 ( isted as t
<b>E</b> ffective	date, if other than the date of filing:		(optional)		Ø5
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