## 113000025065

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## **COVER LETTER**

TO: Registration Sec Division of Corp			·
SUBJECT:	Kelp Suh Name of Limi	ted Elability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Weller	Name of Person	
	<u> </u>	P SUNI JUNT	
	3717 1	W. NOYTH B St.	
	Tampo	_	<u>.</u>
	E-mail address: (t	Sign Code  Sign Code	UM_ cation)
For further information co	ncerning this matter, please ca	ıll:	
Mt (II) Name of	DIM UNT. Person		(105°) 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration So		Street Address: Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	ability Company	as it now appears o	on our records.)	
The Articles of Organization for this Limited Liabili	ity Company we	re filed on $\underline{2}$	115/2013_	and assigned
Florida document number <u>L13000 250L</u>	0 <u>5</u> .		•	
This amendment is submitted to amend the followin	ıg:			
A. If amending name, enter the new name of the	_	v comnany here	.•	
A. If all ending hame, enter the new hame of the	minice nabing	y company nere	•	
The new name must be distinguishable and contain the words	"Limited Liability	Company," the desi	gnation "LLC" or the ai	obreviation "L.L.C."
Enter new principal offices address, if applicable	•	no Cho	WA 22	
(Principal office address MUST BE A STREET A		<u> </u>	Y	
				202
	_	· · · · · · · · · · · · · · · · · · ·		**************************************
Enter new mailing address, if applicable:		no Chan	A &	<u>;</u>
(Mailing address MAY BE A POST OFFICE BOX	- ()		γ	
	<b>-</b>			====
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ress on our rec	ords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Wesi	eu Chil	)	
	_	w. Obi	con St	_
New Registered Office Address:	1001		street address	
	tamp	A	, Florida	33679
_	1601/2	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete pe ed agent as pro stered office ad	rformance of m vided for in Ch dress, I hereby	y duties, and I am apter 605, F.S. Or,	familiar with and if this document is mited 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
AMBR	<u>Yu jen Chiu</u>	10927 Lake Andover Blvd.	□Add
		Tampa, FL 33624	Remove
			□Change
AMBR	Wesley (hiv	3661 W. OBLIPO St.	
		Tampa, FL 33629	Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change
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ective date, if other than a effective date is listed, the date is listed in this ument's effective date on the	s block does not	meet the applica	o date of ming of h	iore than 90 days aft	
ord specifies a delayed effe filed.	ctive date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day after
a allout 1	4	. 2023	_·		
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				of a memori	

Filing Fee: \$25.00