# U30009/240

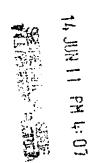
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Certified Copies	Certificates	of Status
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ON 11 2014 O. BRUCE

# **COVER LETTER**

TO: Registration Se Division of Cor			•	
SUBJECT: Flori	da BJ Mar Name of Lim	ragement Comp. ited Liability Company	any, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		BING XU		
	Horida Bi	Name of Person  Management Co  Firm/Company	ompany, LLC	
	S Apr	Troe ST STE3	208 Waynard Wi	ay
		Address		
	Tallahasse	o Fl 32317		
	b X y 2004	City/State and Zip Code  4 @ gmail. Com  to be used for future annual report notifi	ication)	
For further information c	oncerning this matter, please co		·····	
BING		at (850) 294 Area Code Daytime	2 - 6959 Telephone Number	
Enchosed is a check for th	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)	をから

### 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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Florida BJ M	Nanagement	Company	LLC
Florida BJ M	ed Liability Company as (A Florida Limited Liabil	it now appears on our rec	ords.)
The Articles of Organization for this Limited Li Florida document number <u>130 006</u> 9 12 9	ability Company were		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and end with the	words "Limited Liability (	Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and/registered agent and/or the new registered of		address on our reco	rds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street add	Iress
			Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

21 -1.

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 familiate 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Juan Yang	1926 Ocean Sh	ore Blvd a Add
	U	1926 Ocean Sh. #111, Ormond	Beach, Kremove
		FL 32176	
· ———			Add
		·	☐ Remove
			☐ Remove
			Add
			□ Remove
			<del></del>
	. ,		□ Add
			□ Remove
			D Add
			n P P P P P P P P P P P P P P P P P P P
			□ Run

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
J	uan Yang is no longer with this business
_a1	ed has no right or authorization within this
•	usiness.
(The effective	date, if other than the date of filing:
Dated	6/11, 2014.
	Bri
	Signature of a member or authorized representative of a member
	BING XU
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

