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(Re	equestor's Name)	
(Ad	dress)	
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(Cid	ty/State/Zip/Phone	÷#)
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DEC TO SELVE

COVER LETTER

	Registration Sec Division of Corp					
eup ir c	SANTO'S	BOYNTON BEACH, I	LC			
SUBJEC	.1:	Name of Lim	ited Liability Company	.		
		·				
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspor	ndence concerning this matter	to the following:			
		HUIXIAN XU				
		•	Name of Person			
		LEGEND FINANCIA	L SERVICES			
			Firm/Company			
		1225 NE 162ND ST				
			Address			
		N MIAMI BEACH, F	L 33162			
			City/State and Zip Code			
		ACCOUNTANTS@L	EGEND-FS.COM to be used for future annual report notification	<u>n)</u>		
For further	er information co	oncerning this matter, please c	•		≅ ∼	
HUIXI		, , , , , , , , , , , , , , , , , , , ,	305 354-7171	2 4		Ţij.
	Name of	Person	Area Code Daytime Telep	phone Number	C 16 AM	
Enclosed	is a check for th	e following amount:			7.	
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5.00 Siling F Certificate of Certified Copy (additional copy i	Status &	. • •

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**

SANTO'S BOYNTON BEACH,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 Florida document number <u>L13000158649</u> .	were filed on 11/12/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3400 N FEDERAL HIGHWAY	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON	
	FL 33431	
Enter new mailing address, if applicable:	3400 N FEDERAL HIGHWAY	
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
			□ Remove
			Add
			□ Remove
			Add
			Remove Remove NA CONTRACTOR CONTR
			6 AH Add Remove
			Add
· · · · · ·			□ Remove

	nding any other information, enter change(s) here: (At	ach additional sheets, if necessary.)
	•	
	······································	
Effective	ive date, if other than the date of filing:	(optional)
	ective date must be specific, cannot be prior to date of receipt or filed date this document is filed by the Florida Department of State)	e and cannot be more than 90 days after
		·
Dated	11/30 , 2014	•
Dated		
Dated	11/30 , 2014 Mny	
Dated		

Page 3 of 3

Filing Fee: \$25.00

