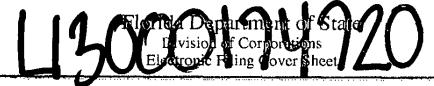
Division of Corporations -

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: NATALJE M. BURNS PL Account Name

Account Number : I20140000036

Phone Fax Number : (305)733-8223 : (561)450-5105

**Enter the email address for this business entity to be used for to annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHIANG FAMILY LLC

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Help

D. SCOTT

8 2016

11/7/16, 12:53 PM

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

| • | AMILY LLC | | |
|---|---|---|----------------------------------|
| (Name of the Limits | d Liability Company as A Florida Limited Liabili | it now appears on our rec- ty Company) | erds.) |
| The Articles of Organization for this Limited Lia | bility Company were | filed on 12/19/2013 | and assigned |
| Florida document number 1.13000174720 | ·, | | |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liability | company here: | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Co | mpany," the designation "I | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| <u> </u> | | | 3200 |
| (Mailing address MAY BE A POST OFFICE B | <u>(0x)</u> | | 53 8 T |
| | | | |
| B. If amending the registered agent and/a | r revistered affice | address on our reco | rds, enter the name of the new |
| registered agent and/or the new registered offi | • | | TO E O |
| | | | 卫公 无 |
| Name of New Registered Agent: | EDGAR FRESNED | A | 93 |
| New Registered Office Address: | 2875 S. UNIVERSIT | TY DR. | DA VO |
| THE AUGUSTALIA CHIEF TANKESS. | | Enter Florida street ada | fress |
| | DAVIE | | Florida 33328 |
| | (| City | Zip Code |
| New Registered Agent's Signature, if changing Re | gistered 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

Page 1 of 3

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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> | Name | Address | Type of Action |
|------------------|----------------------|--------------------------|--|
| MGR | BRUCE C. CHIANG | 2875 S. UNIVERSITY DR | |
| | | DAVIE, FL 33328 | Remove |
| | | | ☐ Change |
| MGR | DOROTHY CHIANG | 124 SW 169TH AVE | |
| | | PEMBROKE PINES, FL 33027 | ■ Remove |
| | · | | ☐ Change |
| AMBR FSS USA LLC | FSS USA LLC | 10301 LAKE VISTA CT | ■ Add |
| | | PARKLANU, FL 33076 | □ Remove |
| | | | Change |
| AMBR | MARSANTI GROUP, INC. | 10301 LAKE VISTA CT | ≅ Add |
| | | PARKLAND, FL 33076 | FILED Remove 16 NOV -7 NH 9: 09 ALLININS SEE, FROM 10 OR 1 |
| | | | |
| | | | □ Change |

Page 2 of 3

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | (((H160002747383))) | |
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| | | |
| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records. | ursuant to 605.0207 (3)(6) Il not be listed as the | |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or (b) The 90th day after the record is filed. | the earlier of: | ٠٠. |
| Dated Nov. 04 , 2016 | RETURN FI | |
| Signature of a member of authorized representative of a member | SSEE OF SEE | 115 |
| BRUCE C. CHIANG | FLO FSTA | |
| Typed or printed name of signce | 9: 09 STATE LUNDA | |

Page 3 of 3

Filing Fee: \$25.00

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