L14000002258

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COVER LETTER

TO:

Registration Section Division of Corporations

SHRIECT

BBK Florida LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Agnes Chau

Name of Person

Law Offices of Agnes Chau PA

Firm/Company

716 E. Colonial Drive

Address

Orlando, FL 32803

City/State and Zip Code

amc@agneschaulawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Agnes Chau

_{ar}407,

648-0880

Name of Person

Area Code

Daytime 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)

□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

DDIZ ELODIDA LLO

	FLORIDA LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our record ida Limited Liability Company)	ls.)
The Articles of Organization for this Limited Liability Florida document numberL14000002258	y Company were filed on 1/10/2014	and assigned
This amendment is submitted to amend the following	:	F 1 2014 HAR SECRET TALLAHA
A. If amending name, enter the new name of the l	imited liability company here:	-3 P
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	ation "LIFE for the abbreviation
Enter new principal offices address, if applicable:		つか ニ
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	Florid	
	City	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 = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Juan Feng	8989 W. Colonial Drive	√ Add	
		Ocoee, FL 34761	Remove	
MGR	Xiaohong Han	8989 W. Colonial Drive		
		Ocoee, FL 34761	Remove	
MGR	Mingxia Chen	8989 W. Colonial Drive	✓Add	
		Ocoee, FL 34761	Remove	
			Remove	
			THE SECRET	
			SEE TOWNSA	
			Remove	

D. If ante	ending any other information,	enter change(s) here: (Attac	h additional sheets, if necessary.)
_			
_			
_			
E. Effecti	ive date, if other than the date ctive date is listed, the date mus	of filing: t be specific and cannot be mo	(optional) re than 90 days after filing.) (605.0207 (3)(b)
Dated	February 24		•
	Cianzl	6 Sun	
	Signatu	re of a member or authorized rep Lianzhi Sun	
		Typed or printed name o	t signee

Page 3 of 3

Filing Fee: \$25.00

