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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJI	ECT:	R & K J Name of Lim	International Inversited Liability Company	stment itc	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	lence concerning this matter	to the following:		
		Wal	BONG CHENG		
			Firm/Company		
		_ 15764 SM	J 53A CT Address		
		Wiramay	City/State and Zip Code		2014 HAY 22
		Un Wats	a hot mall com	ication)	***
For fur	ther information con	cerning this matter, please ca	all:	- 15 - 73 - 40	
	Name of F	Rong Ching	at (786) 197 Area Code Daytime	Telephone Number	—i ১১
Enclos	ed is a check for the	following amount:			
□ \$ 2:	5.00 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 Stat Certified Copy (additional copy is en	tus &

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

ational Invoctment LLC
ompany as it now appears on our records.) uted Liability Company)
pany were filed on
liability company here:
Liability Company," the designation "LLC" or the abbreviation "L.L.C."
20. 2
22 FH 1
d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Enter Florida street address
, Florida
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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wang Kei Lee	4895 SW 164th Ave	🗆 Add
		Miramar Fl, 3302)	Z Remove
mgr	Catherine Cheng	4985 SW 164th Ave Miramar FL 33027	
		Miramar Fli 33027	Remove
			Zadd Add Remove Remove
			□ Remove
			Remove

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	if other than the date of file must be specific, cannot be prior to ment is filed by the Florida Departm		(optional) and cannot be more than 90 days after
date this docu		ment of State)	(optional) and cannot be more than 90 days after
date this docu	ment is filed by the Florida Departm	ment of State)	,

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Filing Fee: \$25.00