

L14 000068556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

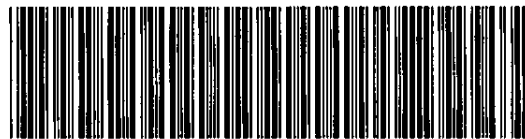
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BOUDICCA INVESTMENT, 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:

Pu Shan

Name of Person

Law Office of Pu Shan

Firm/Company

4019 Windtree Dr

Address

Tampa, FL 33624

City/State and Zip Code

psusf@msn.com

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

For further information concerning this matter, please call:

Pu Shan

Name of Person

at (

813 951-0782

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**

BOUDICCA INVESTMENT, 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 were filed on 04/28/2014 and assigned
Florida document number L14000068556.

This amendment is submitted to amend the following:

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

20006 Date Palm Way

Tampa, FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20006 Date Palm Way

Tampa, FL 33647

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Pu Shan

New Registered Office Address:

4019 Windtree Dr.

Enter Florida street address

Tampa

City

, Florida

33624

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

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FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Guiping Guan	8744 Gall Blvd	☐ Add
		Zephyrhills, FL 33541	☒ Remove
MGR	Shu-Chen Wu Shan	4019 Windtree Dr	☒ Add
		Tampa, FL 33624	☐ Remove
			☐ Add
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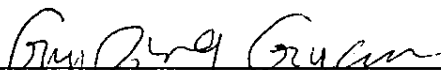
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/31/2014, _____.



Signature of a member or authorized representative of a member

Guiping Guan

Typed or printed name of signee

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Filing Fee: \$25.00

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