U4000105155

Office Use Only



900262229779

07/16/14--01030--004 **60.00



MA BRIDE

COVER LETTER

SUBJECT: LIN	9 Ling's Cle	caning Ladies ed Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Jacqueun	e Keung Name of Person	
	Ling Ling's	Cleaning Ladie	s LLC
	3851 NE 2	2 AVE 21 Address	
	LHP FL	3306 4 City/State and Zip Code	
	JKEUNG !	P @ gmul- wm be used for future annual report notification	n) 22
	·	•	
	oncerning this matter, please cal	I:	#A*-LE
11	,,	at (954) 701 02	74
Name o	f Person		phone Number
Enclosed is a check for the	ne 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

TO:

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

Ling Ling's	Cleanin	g Ladi		
(Name of the Limite	d Liability Compat A Florida Limited L	ny as it now appea liability Company)	rs on our records.	
The Articles of Organization for this Limited Liz Florida document number	ibility Company 05155	were filed on	6/26/2	e14 and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company h	ere:	
The new name must be distinguishable and end with the w	ords "Limited Liabi	ility Company," the	e designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREE)	(ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE L	<u>80X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered of			n our records,	enter the name of the new
Name of New Registered Agent:	Jacq	veline	<u>Keung</u> Aut	
New Registered Office Address:	3851	NEZI	AUT	21 00 1
	LHP		orida street address , Flor	22010
		City	, FIOT	Zip, Code (C)

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 = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	& Kithy Keung	3851 NEZI AVEZ	Add
	,	3851 NEZI AVE 2 LHP FL 33044	□ Remove
			Add
			□ Remove
			□ Add
			□ Remove
			 □ Add
			Remove T
			05 P
			□ Add □ P
			Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
R	A = Jacqueline Keing	
M	16R= Kitty Keung	
		
- ,,		
E Effective	data if other than the data of filing.	
(The effective	date, if other than the date of filing: (optional) redate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)	
Dated 7	H/7-/2014	
	Example Jackie Kei	ings
•	Sanature of a member or authorized representative of a member	- <i>U</i>
	Typed or printed name of signee	

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Filing Fee: \$25.00

