## 115000010068

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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

GODBLESSING PROPERTY MANAGEMENT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: JIN CHEN Name of Person JIN CHEN CPA PA Firm/Company 4932 DISTRIBUTION DR Address **TAMPA, FL 33605** City/State and Zip Code JINCHENCPAPA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YUNXIA QU Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS:

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

GODBLESSING PROPERTY MANAGEME	ENT LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company)	)
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/16/2015	and assigned
Florida document number L15000010068	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	<u> </u>
		三 製造 美 岩
Enter new mailing address, if applicable:		Vi on m
(Muiling address MAY BE A POST OFFICE BOX)		
		<u> </u>
		27
B. If amending the registered agent and/or regist		enter the name of the nev
registered agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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 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>	<u>Name</u>	Address	Type of Action
MGR	YUNXIA QU	17924 BAHAMA ISLE DR	
		TAMPA, FL 33647	
			□ Remove
			■ Change
MGR	SHENGLI YAO	17924 BAHAMA ISLE DR	
		TAMPA. FL 33647	■ Add
		TANKA. 11, 33047	□ Remove
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etive date, if other than effective date is listed, the date	he date of filing:		)	(or	otional)
If the date inserted in this	s block does not mee	t the applicab	le statutory filin	ore than 90 days at g requirements, t	his date will not be li
ment's effective date on the	2 Department of Stat	te s records.			
ecord specifies a dela	ved effective dat	e, but not a	an effective t	ime, at 12:0:	l a.m. on the ear
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	Signature of a mer	0			

Page 3 of 3

Filing Fee: \$25.00