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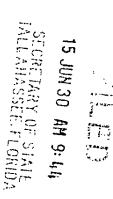
	(Requestor's Name)	
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JUL 01 2015 J SHIVERS

COVER LETTER

то:	Reg Divi	istration Sect sion of Corp	tion' ' orations		
CUDI	ECT.	LOMWARD	COMPANY LLC		
SUBJ	ECT:		Name of Lim	ited Liability Company	
.The e	nclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	e return	all correspond	dence concerning this matter	to the following:	
			JAMIE TARICH		
				Name of Person	
			THE TARICH LAW FIRM	M P.A.	
			· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			19495 BISCAYNE BLVD	SUITE 606	
				Address	
			AVENTURA, FL 33180		
			_	City/State and Zip Code	<u> </u>
			JAMIE@THETARICHLA	WFIRM.COM to be used for future annual report notific	eation)
For fu	rther in	formation cor	ncerning this matter, please ca	·	341011)
JAM	IE TAR	ICH		305 503-5095 at ()	
		Name of f	Person	Area Code Daytime	Telephone Number
Enclo	sed is a	check for the	following amount:		
= \$:	25.00 Fi	ling 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

LOMWARD COMPANY LLC				
(Name of the Limited (A	Liability Company Florida Limited Lial	as it now appears on our pility Company)	records.)	
The Articles of Organization for this Limited Liab	oility Company we	ere filed on	5	and assigned
Florida document number L15000084784	·			
This amendment is submitted to amend the follows	ing:			
A. If amending name, enter the new name of th	ne limited liabilit	y company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designation	n "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	- DX)			
***	-		-	
D. If amonding the peristened event and/on		4.4		
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on our re	ecoras, <u>enter t</u>	ne name of the h
			É	S
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
New Registered Office Address:			SS) O 2442
		Enter Florida street	address [1]	1
-	· · · · · · · · · · · · · · · · · · ·	City	, Florida 🚍 🗀	Zip Code "was"
New Registered Agent's Signature, if changing Reg	istered Agent:	÷	5 2 2	£

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	ZHAO, ZANGHUA	19877 E. COUNTRY CLUB DR	□ A d d
		APT 3608	■ Remove
		AVENTURA. FL 33180	□ Change
MGR	ZHAO. KANGHUA	19877 E. COUNTRY CLUB DR	■ Add
		APT 3608	□ Remove
		AVENTURA, FL 33180	☐ Change
			Add
			☐ Remove
			Change
		 	
			□ Remove
			□ Change
			D Add
			Remove
			Change
			Add
			Remove
		768	Change

has been the Manager of	his Company and any	reference to Zanghua	was an error due to a	scrivener's error when
the Articles were initially	filed.	1 2007 111 1		
•				
		•		
				
	 			
			•	
		<u>-</u>		
fective date, if other than a neffective date is listed, the date of the listed in this cument's effective date on the	must be specific and cannot block does not meet the	he applicable statutory	g or more than 90 days a	
record specifies a delar The 90th day after the r	ed effective date, ecord is filed.	but not an effect	ive time, at 12:0	1 a.m. on the carlie
ted JUNE 29	20	15		M 9: 44 FSTATE FLORIDA
-4/	Signature of a member	er or authorized represer	tative of a member	

Page 3 of 3

Filing Fee: \$25.00