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COVER LETTER

TO: Registration Section Division of Corporations

AMERICAN CHOPHOUSE EATERPISE LLC Name of Limited Liability Company SUBJECT: ____

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yuan Zheng
Name of Person
American ChopMouse Enterprise, LLC Firm/Company
4979 New Broad St. Address
Orlando, FL 32814
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan There	ar(407) 802-6456	
Name of Person	Area Code Daytime Telephone Number	

Enclosed is a check for the following amount:

S25.00 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

TO ARTICLES OF ORGANIZATION OF

<u>American</u> Chophouse Enterprise LLC (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>61412015</u> and assigned Florida document number <u>L15000098298</u>

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 contain the words "Limited Liabili	y 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 12:34

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		, 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 t, 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

or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name The	Address	TFL 32814	Type of Action
MERM	Name FLLC PZL American Enterprise	4979 New Br	oad St.; Drland	O_□ Add
				Remove
			T 32814	Сћалде
MGRM	IWP USA INC. 4	919 New Broad St	, Orlando, FL	Add
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MGRM	zheng, Yuan 14	834 Day Lily CT.	, Orlando, FL 3282	□ Add
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E. Effective date, if other than the date of filing: 10/(/2018 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)th Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	10/3/2018
	Ally the second
	Signature of a member or authorized representative of a member
	Juan Zheng Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00