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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Sec Division of Corp		,	•	
SUBJE	LCH 1229,				
SUBJE	CT:		ited Liability Company		
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspor	ndence concerning this matter	to the following:		
		RITA JACKMAN			
			Name of Person		
		POWELL,JACKMAN,ST	EVENS & RICCIADI, PA		
			Firm/Company		
	4575 VIA ROYALE, SUITE 200				
			Address		
		FORT MYERS, FL 3	5919		
			City/State and Zip Code		
		rjackman@your-advocates.		3 (1)(6 (100 (1)	
	24 (20. B)	E-mail address: (to be used for future annual report no		
For furth		oncerning this matter, please ca	all:	Minings The state of the state	
Rita Jac			239 689-1096 at ()		
	Name of	Person	Area Code Daytii	me Telephone Number	
Enclose	d is a check for the	e 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:

TO

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LCH 1229, LLC

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{02/03/201}{}$.	and assigned
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 "Limit	ted Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BEA STREET ADDR.	ESS)	
		를 <mark>기</mark>
		FILED 16 OCT 17 PN 4: 00 NISTON OF CONTORALION
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
		00 00
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		records, <u>enter the name of the </u>
New Registered Office Address:	Enter Florida stra	et address
		Elovida
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Cope Dis

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>	Name		Address	Type of Action
AMBR	Chih-Chieh Lin	_	709 Cape Coral Pkwy W.	Add
			Cape Coral, FL 33914	□ □ Remove
				Sign Change
AMBR	Po-Jen Huang		709 Cape Coral Pkwy W.	of contain
		_	Cape Coral, FL 33914	D. ASION OF CORNOR LE CONTINUE
				Change
AMBR	Shu-Shen Chen	_	709 Cape Coral Pkwy W.	Add
			Cape Coral, FL 33914	□ Remove
				Change
AMBR	Su-Yu Lin	_	709 Cape Coral Pkwy W.	∃ Add
			Cape Coral, FL 33914	□ Remove
				_ □ Change
AMBR	Chao-Chi Yu		709 Cape Coral Pkwy W.	Add
			Cape Coral, FL 33914	□ Remove
				□ Change
AMBR	Chun-Hui Wu		709 Cape Coral Pkwy W.	■ Add
		i.	Cape Coral, FL 33914	□ Remove
		, ? :		□ Change

				
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te: If the date inserted in this b	ock does not meet the a	oplicable statutory filin		
cument's effective date on the D	epartment of State's rec	ords.		
record specifies a delaye The 90th day after the rec		t not an effective t	ime, at 12:01 a.	m. on the earlier of
The Sour day diter the rec	ord is med.			
October 13	2016			
				
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Page 3 of 3

Filing Fee: \$25.00