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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cil	ty/State/Zip/Phone	e #)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Divi	ision of Corp	ocrations		
SUBJECT:	LCH 1229 l	LC		
		Name of Limit	ted Liability Company	
The enclosed	l Articles of 7	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	idence concerning this matter t	o the following:	
		Linda Lepore		
			Name of Person	
		Caloosehatche Tax & Fin	nancial Services	
			Firm/Company	
		709 Cape Coral Pkwy W.		
			Address	
		Cape Coral, FL 33914		
			City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	11:	
Linda Lepor	re		239 540-2612 at () Area Code Daytime	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

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

LCH 1229 LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
- · · · · · · · · · · · · · · · · · · ·	any were filed on 02/03/2016	and assigned
Horida document number L16000023524		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited I	.iability 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	<u> </u>	SE 28
		<u> </u>
Enter new mailing address, if applicable:		بي. ب
•		2
Manny duaress Mill Bir 11 OST OTTTEL DONY		<u></u>
		enter the name of the
egistered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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>	Name	Address	Type of Action
AMBR	LING, YU TUNG	728 SW Pine Island Rd Suite 4 Cape Coral, FL 33991	
			□ Remove
			Change
AMBR	PENG, CHIEN JU	728 SW Pine Island Rd Suite 4 Cape Coral, FL 33991	Add
	LINE VENICUUM	728 SW Pine Island Rd Suite 4	☐ Change
AMBR	LIN, YEN CHUN	Cape Coral, FL 33991	Add
			□ Remove
	·		☐ Change
AMBR	KE, FANG QIAN	728 SW Pine Island Rd Suite 4 Cape Coral, FL 33991 ——————————————————————————————————	■ Add
			□ Remove
			☐ Change
AMBR	LIN, YU HAN	728 SW Pine Island Rd Suite 4 Cape Coral, FL 33991	■ Add
			Remove
			Change
			Add
			□ Remove
			Change

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fective date, if other than the date an effective date is listed, the date must be so ote: If the date inserted in this block of	pecific and cannot be prior to date of	f filing or more than 90 days after filing.)	Pursuant to 605 will not be list	5.020 cd a
ocument's effective date on the Depart	ment of State's records.	, ,		
e record specifies a delayed eff The 90th day after the record		fective time, at 12:01 a.m. o	on the earli	er o
August 31st	2018			
	ty Tur			
Chen HET				

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00