

L16000035860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

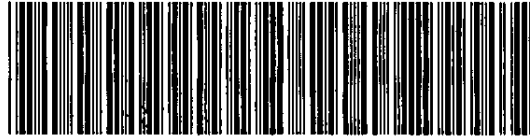
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/13/16--01011--027 **25.00

MAY 17 2015
J. HARRIS

To Whom It May Concern:

My cell phone number is (954) 289-7838.

Return address:

Hon Ming Wan
5764 NW 49th LANE
COCONUT CREEK, FL 33073

Thank you,

A handwritten signature in black ink, appearing to read "Hon Ming Wan", written in a cursive style.

Hon Ming Wan

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WAN'S TEAM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/19/16 and assigned
Florida document number ~~L1000035860~~ L16000035860

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 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 ADDRESS)

5764 NW 49TH LANE

COCONUT CREEK, FLORIDA 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5764 NW 49TH LANE

COCONUT CREEK, FLORIDA 33073

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

Name of New Registered Agent:

New Registered Office Address:

5764 NW 49TH LANE

Enter Florida street address

COCONUT CREEK

City

Florida 33073

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	WAN, MEI FEN	5764 NW 49th Lane	<input type="checkbox"/> Add
		Coconut Creek, Florida 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	WAN, MEI FEN	5764 NW 49th Lane	<input type="checkbox"/> Add
		Coconut Creek, Florida 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	WAN, HON MING	5764 NW 49th Lane	<input type="checkbox"/> Add
		Coconut Creek, Florida 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE ZIP CODE FOR ALL ADDRESS WAS ENTERED INCORRECTLY. THE CORRECT ZIP CODE FOR

THE PRINCIPAL ADDRESS, REGISTER AGENT AND AUTHORIZED MEMBERS IS 33073

CORRECT ADDRESS FOR ALL:

COCONUT CREEK, FLORIDA 33073

E. Effective date, if other than the date of filing: 2/19/16 (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)(b)

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 MAY 9, 2016

Hon Ming Wan
Signature of a member or authorized representative of a member

HON MING WAN
Typed or printed name of signee

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TALLAHASSEE, FLORIDA