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COVER LETTER

Division of Co			
PISCES T	TENGS LLC		
SUBJECI:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Frank Lin		
		Name of Person	
	PISCES TENGS LLC		
		Firm/Company	
	19907 Bluff Oak Blvd		
	****	Address	
	Tampa Florida 33647		
	frankxylin9999@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	all:	
Frank Lin		702 637-5705 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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:

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

PISCES TENGS LEC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Compan	y were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
Principal office address MUST BE A STRE	ET ADDRESS)		
			F 6
Enter new mailing address, if applicable:		NA	AUG 31
Mailing address MAY BE A POST OFFICE	BOX)		m _C ≥ m
			- C 40 - C
B. If amending the registered agent and	l/on modistaned a	office address on our re	ORID ORID
registered agent and/or the new registered of	office address he	mice address on our re	cords, enterprise name of the
Name of New Registered Agent:	NA		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	NA		
		Enter Florida street	address
			_, 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Arifur Bhandari	19907 Bluff Oak Blvd Tampa FL	
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	08/27/2016
E ffect If an eff	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docum	ent's effective date on the Department of State's records.
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	08/27/2016 12:01 a.m
Dateu	
	Signature of a member or authorized representative of a member
	Frank Lin
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00