(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	<u>_</u>
(Dc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

тĊ		gistration Sec vision of Corp			
~-		WOODRO	W AHN, LLC		
SU	ВЈЕСТ:	•	Name of Limi	ted Liability Company	
Th	e enclose	d Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Ple	ase return	n all correspon	dence concerning this matter t	to the following:	
	•		Woodrow Ahn		
				Name of Person	
				Firm/Company	
			917 1st St. N. #301		
			-	Address	
			Jacksonville Beach, FL 3		<u> </u>
				City/State and Zip Code	
			woodrow.property@gmail	o be used for future annual report notif	Tigation)
Fo	r further i	nformation co	ncerning this matter, please ca		icaio.,
W	oodrow i	Ahn		904 463-3858 at ()	
		Name of	Person	Area Code Daytime	e Telephone Number
En	closed 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:

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 DocuSign Envelope ID: EE04BA0F-CD67-4138-9636-867A10B3F3A1
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION

signed
signed
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1

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

DocuSign Envelope ID: EE04BA0F-CD67-4138-9636-867A10B3F3A1 11 amenung Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
-			□ Remove
			☐ Change
			Add
•			□ Remove
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fective date, if other than the dat in effective date is listed, the date must be:	specific and cannot be prior	to date of filing o	r more than 90 days a	ptional) ifter filing.) Pursuant to 6
ote: If the date inserted in this block	does not meet the applic	able statutory fi	ling requirements,	this date will not be li
cument's effective date on the Depar	iment of State's records.			
record enecifies a delayed of	fective date, but no	t an effective	e time, at 12:0	1 a.m. on the ear
	is filed.			
The 90th day after the record				
The 90th day after the record	2018			
	2018	<u>.</u> .		
The 90th day after the record January 3 Cocusigned by:	2018	·	1/2/2012	
The 90th day after the record Ited	2018	orized representat	1/3/2018 ive of a member	

Page 3 of 3

Filing Fee: \$25.00