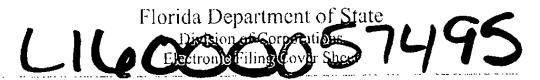
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA

Account Number : I20010000164 : (305)893-8989 Fax Number : (305)891-7717

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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From: Law Offices Tony Pomprinya

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COVER LETTER

2022-05-02 21:09:52 GMT

TO: Registration 8 Division of Co			
	IENT OF JACKSONVILLE LE	.c.	
SUBJECT:	Name of Lim	ited Liability Company	
, , , , , , , , , , , , , , , , , , , ,	Топу Рогпртіпуа	ŭ	
		Nume of Limited Liability Company Endment and fee(s) are submitted for filling. Ince concerning this matter to the following: Tony Pornprinya Name of Person Law Office of Fony Pornprinya Firm/Company 1555 NE 123 Street Address North Miami FL 33161 City/State and Zip Code Sve@miamidadelaw.net E-mail address: (to be used for future annual report notification) erning this matter, please call: 305 893-8989 at (
	Law Office of Fony Pornp		
	1555 NE 123 Street		
			······································
	North Miami FL 33161		
		City/State and Zip Code	·
		to be used for future annual report notifi	eation)
For further information	concerning this matter, please co	ni):	
Tony Pomprinya		305 893-8989	
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	Certified Copy	Certificate of Status & Certified Copy

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

(((H220001589193)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	1993 - U
The Articles of Organization for this Limited Liability Company were Florida document number L16000057495	e filed on	and assigned
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 C	ompany," the designation "LLC" or the ab	breviation "L.J.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter	the name of the new
		7 7
New Registered Office Address:	Enter Florida street address Florida	PH PH
	City	: 20 Class
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

(((H220001589193)))

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
AMBE	WEN LI	2805 SW 20 A VENUE OCALA, FL 34471	LibA C.
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			□ Change
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From: Law Offices Tony Pornprinya

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