

L16000079241

(Requestor's Name)

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(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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S. YOUNG

16 DEC 16 PM 4:02
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DING PROPERTIES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael P. Ding

Name of Person

Ding Properties, LLC

Firm/Company

7604 S West Shore Blvd

Address

Tampa, FL 33616

City/State and Zip Code

dingproperties@gmail.com

E-mail address: (to be used for future annual report notification)

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Michael P. Ding

813 720-7727

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

DING PROPERTIES, 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 4/22/2016 and assigned
Florida document number L16000079241.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA
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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:

Enter Florida street address

City

Florida

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>
MGR	Jennifer Ding	1026 S Mesa Dr	<input type="checkbox"/> Add
		Peoria, IL 61607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael P. Ding	7604 S West Shore Blvd	<input type="checkbox"/> Add
		Tampa, FL 33616	<input checked="" type="checkbox"/> Remove
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CLERK OF COURT
JAIL AND SEC. 103002

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 2. What are the research objectives?
 3. What is the research methodology?
 4. What are the results of the study?
 5. What are the conclusions of the study?
 6. What are the limitations of the study?
 7. What are the implications of the study?
 8. What are the future research directions?
 9. What are the contributions of the study?
 10. What are the key findings of the study?
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STATE
DEPARTMENT OF
ALABAMA

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.

Dated December 13, 2016.

Signature of a member or authorized representative of a member

Typed or printed name of signee