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	Registration Se Division of Cor			
emp iez	Kylin Realt	ty lic		
SUBJEC	.l:	Name of Lim	nited Liability Company	
		Amendment and fee(s) are sub		
Please ret	turn all correspe	ondence concerning this matter	to the following:	
		Ying Zhang		
			Name of Person	
•		Kylin Realty		
			Firm Company	
		5168 W Colonial Dr		
			Address	
			City/State and Zip Code	
		info@kylin.com E-mail address: ((to be used for future annual report notification)	
For furth	er information c	oncerning this matter, please c		
Ying Zha	របស		i 4072718262	
	Name o	f Person	at () Area Code Daytime Telephone Number	
Enclosed	is a check for the	he following amount:		
■ \$25.0	JO Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)	a,
			2021	Ę)
	Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kylin Realty llc		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our re- limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L16000105924}{L16000105924}$	mpany were filed on 05/31/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRI	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my dutic ent as provided for in Chapter (s, and I am familia with and [605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Jay Wells	5168 W COLONIAL DRIVEORLANDO, FL 32808	□Add
			≣Remove
			Change
MGR	JULIUS ANTHONY MELENDEZ	1203 FEORIDA AVE ST CLOUD FL 34769	_ ■ Add
			_ ⊟Remove
			_ □Change
			_ ∐Add
			_ ∐Remove
			_ DChange
			_ = Add
			_ IIIRemove
			DChange 03
			#Add 7
			G : □ Change
			D Change
			_ 🗆 Add
			_ □Remove
			□ Change

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ective date, if other tha effective date is listed, the da et. If the date inserted in t	ite must be specific and	cannot be prior to date	of filing or more than 90) days after filing.)	Pursuant to 60	15.020 sted as
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oord specifies a delayed et s filed.	ffective date, but not	on effective time, at	12:01 a.m. on the ear		,	
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