116000117510

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO:		istration Se sion of Cor					
CLUB IF	· ·	Quickly Bo	ba Cafe, LLC				
SUBJE	CI:	Name of Limited Liability Company					
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	return	all correspo	ndence concerning this matter	to the following:			
			Adam Mcfarling				
	Name of Person						
	Quickly Boba Cafe, LLC						
Firm/Company							
			11772 E. Colonial Drive				
				Address			
Orlando, Fl. 32817							
				City/State and Zip Code adammef559@yahoo.com			
			ication)				
For furt	her in	formation c	oncerning this matter, please ca	all:			
Adam Macfarling				407 617-3787			
		Name o	f Person		: Telephone Number		
Enclose	ed is a	check for th	ne following amount:				
□ \$25	5,00 Fi	ling 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

Quickly Boba Cale, LLC	in I I in hillian Community	and a second)	
(<u>Name of the Lim</u>	(A Florida Limited Liability Com	pany)	
The Articles of Organization for this Limited I Florida document number 1.16000117510	Liability Company were filed o	on and a	ssigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	me of the Limited Liability Company as (t now appears on our records.) (A Florida Limited Liability Company were filed on		
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 appli	cab le :	<u> </u>	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	0	<u> </u>
			, 255
		-	
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE		<u>. </u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Daniel Dang, Johnny Wu, a		e of the nev
New Registered Office Address:			
			<u> </u>
New Registered Agent's Signature, if changing	•	<i></i>	
I hereby accept the appointment as register provisions of all statutes relative to the pro	red agent and agree to act in per and complete performan gistered agent as provided fo	ace of my duties, and I am familiar w or in Chapter 605, F.S. Or, if this doc	oith and cument is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed from our receirds:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Adam McFarling	946 Davenwood Drive	
		Ococe, FL 34761	■ Remove
			☐ Change
AMBR	Daniel Dang	5131 Cape Hatteras Drive	■ Add
		Clermont, FL 34714	Remove
			☐ Change
AMBR	Johnny Wu	941 Davenwood Drive	
		Ococe, FL 34761	□ Remove
			☐ Change
AMBR	Thi Kim Huong Nguyen	10610 County Road 672	■ Add
		Riverview, Fl 33579	☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove

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Effect	ive date, if other than the	data of filings			(optional)	
(If an eff Note:	ective date is listed, the date must If the date inserted in this blo ent's effective date on the De	be specific and car ick does not mee	mot be prior to date t the applicable s	of filing or more than atutory filing requir	90 days after filing.) P	tursuant to 605.0207 (ill not be listed as t
	cord specifies a delayed 90th day after the reco		e, but not an	effective time, a	t 12:01 a.m. or	n the earlier of:
Dated	December 26	;	2017			
Daned		7//-	<u> </u>			
		Mry/	//			
		Signature of a men	Mer or authorized	representative of a mer	nber	
	Johnny Wu	,				
		Ty	ped or printed nam	e of signee	***	

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Filing Fee: \$25.00