

L16 000 168318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

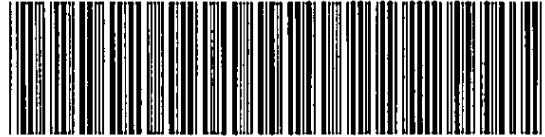
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/08/20 -01027-007 25.00

2023
6:18:19

Amend

JUL 31 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALF 9, 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:

EENING YEOH

Name of Person

ALF 9, LLC

Firm/Company

6401 S WEST SHORE BLVD, #1210

Address

TAMPA, FL 33616

City/State and Zip Code

yeoheening@gmail.com

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

For further information concerning this matter, please call:

EENING YEOH

323 889 9005
at ()

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

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2020

EENING YEOH
6401 S. WEST SHORE BLVD #1210
TAMPA, FL 33616

SUBJECT: ALF 9,LLC
Ref. Number: L16000168318

We have received your document for ALF 9,LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2020 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The total amount due to reinstate is \$377.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00012411

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

ALF 9, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020.11.30 08:43

The Articles of Organization for this Limited Liability Company were filed on 09/09/2016 and assigned
Florida document number L16000168318.

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:

6401 S WEST SHORE BLVD, #1210

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33616

Enter new mailing address, if applicable:

6401 S WEST SHORE BLVD, #1210

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33616

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:

JACOB BRAAT

New Registered Office Address:

6401 S WEST SHORE BLVD, #1210

Enter Florida street address

TAMPA

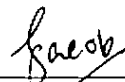
City

Florida 33616

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>
AMBR	YEOH, BOON TEIK	728 PINE ISLAND ROAD,	<input type="checkbox"/> Add
		UNIT 4	<input checked="" type="checkbox"/> Remove
		CAPE CORAL, FL 33991	<input type="checkbox"/> Change
AMBR	THAWARAPHORN, REE	728 PINE ISLAND ROAD,	<input type="checkbox"/> Add
		UNIT 4	<input checked="" type="checkbox"/> Remove
		CAPE CORAL, FL 3391	<input type="checkbox"/> Change
AMBR	EENING YEOH	6401 S WEST SHORE BLVD #1210	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33616	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be later than the date of filing.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
 Note: If the date inserted in this blank does not represent the date of filing, the registrant must insert the date of filing in the space provided below.

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE, 5TH 2020

Signature of a member or authorized representative of a member

(YEOH, BOON TEIK) (THAWARAPHORN, REE)

Typed or printed name of signee