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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY - 7 AM 5:06

N COOPER

MAY 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RED BOWL FL 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:

CHRISTINE CHEW

Name of Person

CHRISTINE CHEW & ASSOCIATES

Firm/Company

539 N. MILLS AVE

Address

ORLANDO, FL 32803

City/State and Zip Code

CCHEW1@CFL.RR.COM

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

For further information concerning this matter, please call:

CHRISTINE CHEW

407 894-7259

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

RED BOWL FL 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 10/21/2016 and assigned
Florida document number L16000195098.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
10 MAY - 7 AM 5:05

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:

LIAN, QIANG

New Registered Office Address:

1820 DUNLAWTON AVE SUITE 105

Enter Florida street address

PORT ORANGE

Florida 32127

City

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.

✓ Lian Qiang

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	LIN, JUNCHEN	6295 S WILLIAMSON BLVD	<input type="checkbox"/> Add
		APT 928	<input checked="" type="checkbox"/> Remove
		PORT ORANGE, FL 32128	<input type="checkbox"/> Change
AMBR	LIAN, JIE YUN	1820 DUNLAWTON AVE	<input type="checkbox"/> Add
		#105	<input type="checkbox"/> Remove
		PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change
ABMR	LIAN, QIANG	1820 DUNLAWTON AVE	<input type="checkbox"/> Add
		#105	<input type="checkbox"/> Remove
		PORT ORANGE, FL 32127	<input checked="" 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

N/A

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DIVISION OF CORPORATIONS

(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)

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

Dated 5/2 2018

• Lian Qiang

Signature of a member or authorized representative of a member

LIAN, QIANG

Typed or printed name of signee