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(Requestor's Name)
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(City/State/Zip/Phone #)
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06/02/17--01006--010 **25.00

2017 JUN -2 AM II: C

J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

94-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	City ,	Zip Code
	. Florida	
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		
egistered agent and/or the new registered office address he	<u>re</u> :	
3. If amending the registered agent and/or registered of	office address on our records, ent	ter the name of the new
		CORNEL S
Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
		ARE SE
Principal office address MUST BE A STREET ADDRESS)		7.2
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
A. It amending hame, enter the new hame of the hinned ha	omy company nere:	
A. If amending name, <u>enter the new name of the limited lia</u>	hility company haras	
This amendment is submitted to amend the following:		
Florida document number L16000200003	·	
The Articles of Organization for this Limited Liability Compan	y were filed on 11 16	and assigned
(A Florida Limited	l Liability Company)	
(Name of the Limited Liability Comp	nany as it now appears on our records.) I Liability Company)	

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>	Type of Action
AMBR	JIN YONG PARK	8312 SW 44TH PLACE,	≅ Add
		DAVIE, FL 33328	☐ Remove
			Change
			☐ Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove Find San Change
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			Remove
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ffective date, if other tl	han tha data af f	5/3/2017		(amti	omal)	
ffective date, if other the an effective date is listed, the ote: If the date inserted incument's effective date of the date o	in this block does n	not meet the applic	able statutory filin	ore than 90 days after g requirements, this	filing.) Pursuant to a date will not be	605.02 listed
e record specifies a c The 90th day after t			t an effective t	ime, at 12:01 a	a.m. on the ea	ırlier
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area	way IN	anka			<u>ا ځ</u> ی	
ated	Signature o	of a member or author	prized representative	of a member	ANY OF STANSSEE FLOR	

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