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(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docur	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer;	
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Office Use Only



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COVER LETTER

TO:		istration Sect sion of Corp				
SUBJEC	·T·	SP Tang LL	С			
SUBJEA	υ I ;		Name of Lim	ited Liability Company		
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			Linda Lepore			
				Name of Person		
			Caloosehatchee Tax and	d Financial services		
			709 Cape Coral Pkwy. W	Firm/Company V.		
			Cape Coral, FL 33914	Address		
			<u> </u>	City/State and Zip Code		
				to be used for future annual rep	ort notification)	
For furth	ner in	formation cor	ncerning this matter, please co	ill:		
L inda L	epor	at ()				
		Name of I	Person	Area Code	Daytime Telephone Number	
Enclosed	l is a	check for the	following amount:			
■ \$ 25.	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificat d) Certified	e of Status & Copy

MAILING ADDRESS:

TO:

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

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	records, enter	the name of the
Enter Florida sti	reet address	
City.	Florida	Zip Code
	nere: Enter Florida st	office address on our records, enter

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>	Name	Address	Type of Action
AMBR	Soo Gaik Lim	728 SW Pine Island Rd Unit 4 Cape Coral, FL 33991	X Add
			□ Remove
<u>am br</u>	CTFS GloBAL, Inc	CAPE CORAL PKWYW.	Change Suite 106 D Add
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ote:	etive date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing f the date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuant to 60	05.020 sted a
cum	nt's effective date on the Department of State's records.		
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the ear	lier (
	August 27 2018		
ued '			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00