116000227092

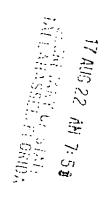
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500302700995

08/22/17--01019--001 **25.00



COVER LETTER

Division of Co	rporations		
	PREADING. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SANG N HARRIS		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	SANG N. HARRIS, CPA,	P.A	
		Firm/Company	
	800 N. FERNCREEK AV	E. #16	
		Address	
	ORLANDO, FL 32803		
	-	City/State and Zip Code	
	SANGHARRIS@AOL.CO		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
SANG HARRIS		407 895-6036 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section

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

LS & M SPREADING, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
ne Articles of Organization for this Limited Liability Coorida document number L16000227092			and assigned
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limi	ted liability company here:		
e new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
nter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or regist gistered agent and/or the new registered office addr		r records, <u>ente</u>	er the name of the
gistered agent and or the new registered office addi	ess nere.		$\Xi_{i,j}$.
Name of Name Businsand Assets			- E
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	Enter Florida s	treet address	
		, Florida _	
	City		C Zip Code
ew Registered Agent's Signature, if changing Registered	l 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	HYUNWOO LEE	192 STERLING SPRINGS LANE	
		ALTAMONTE SPRINGS.	■ Remove
		FL 32714	Change
MGR	HYUNWOO LEE	192 STERLING SPRINGS LANE	≅ Add
		ALTAMONTE SPRINGS,	□ Remove
		FL 32714	☐ Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
		- <u></u>	□ Remove
			□ Change

								
								
		_			<u> </u>	<u> </u>	 -	
	<u>-</u>					_		
			·				_	
							225	
								AL
					··· ·	.	<u> </u>	- हेंडे- १७
			_				<u> </u>	<u>~~</u> ;
			_				<u> </u>	22. -2.
) (2) (3)	7: 5
							D's	460
	· <u></u>							
ective date, if	f other than t	he date of fili	ng:	or to date of fili	ng or more than 9	(o ption a 0 days after fili	d) ng.) Pursua	int to 605.02
te: If the date	inserted in this	: block does not	t meet the app	licable statutor	y filing require	ments, this da	ite will no	t be listed
cument's effect	tive date on the	: Department of	State's record	is.				
	iciaa a dala.	and affording	doto but a	ant an office	tivo timo at	12:01 2 0	on the	a parlior
The 90th day	y after the r	ecord is filed	J.		tive time, at		i. On the	: earner
,	August	14	2.1.	- j				
ted			-· ^ · /	/	entative of a mem			
			_					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00