## L17000011862

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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Sect Division of Corpo							
SUBJECT: THE	LAW OFFICE	e of	CHRISTI	NE	AUNG	PLLC	
	Name of Limi	ited Liability	Company				
	mendment and fee(s) are subr		_				
Please return all correspond	dence concerning this matter t	to the follow	ring:				
	CHRIST	INE	AUNG			_	
		Name	of Person				
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		Firm/C	Company			· ·	
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	Deland	FC	3 2	7 2	0	_	
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	E-mail address: (1	o be used for	future annual report	notificat	. COM		
For further information con	E-mail address: (to the cerning this matter, please can be considered by the cerning this matter). Person	all:	ravare armaar report	nomeac	ion,	2017 FE	-7
CHRISTINE	AUNG	at (_2	386) 470	7 - 8	977	<u>み</u> が <del>のカー</del> 1	
Name of F	'erson	Ai	rea Code Day	ytime le	Icphone Number	©	
Enclosed is a check for the	following amount:				į	유장 <b>수</b> 2	-
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & fied Copy onal copy is enclosed)		Certified	ling Fee, te of Status &	

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

(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 0!/17/2017Florida document number \_ L 17000011 & 62 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

CHANGE 4

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>	Address	Type of Action
MUR	CHRISTINE AUNG	10 INWOODIAND BIND, Suite A3 DELAND, EC 32720	Z Add
			□ Remove
			Change
AMBR	PATRICK MCDOWOUGH	DELAND, FL 32720	o & <b>Æ</b> (Add
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Filing Fee: \$25.00