

L17000028004

(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



000298683380

05/12/17--01006--013 **25.00

FILED
MAY 12 2017
TALLAHASSEE, FLORIDA

17 MAY 12 PM 4:05

MAY 15 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mr Cool of Tallahassee 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:

Zheng, Kang
Name of Person
Mr Cool of Tallahassee LLC
Firm/Company
633 W Tennessee St
Address
Tallahassee, FL 32303
City/State and Zip Code
Xiaodong2258@163.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jian Chen at (917) 209-8190
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Mr Cool of Tallahassee 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 02/03/2017 and assigned
Florida document number L17000028004.

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)

No Change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No Change.

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:

No Change

New Registered Office Address:

Enter Florida street address

Florida

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.

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>
<u>member</u>	<u>Xiang Shun Zhou</u>	<u>1242 W point Villa Blvd Apt 202</u>	<input checked="" type="checkbox"/> Add
		<u>Winter Garden, FL 34787</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Sheng Dong Lin</u>	<u>801 Sunniland Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32808</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Member</u>	<u>Shengwu Lin</u>	<u>801 Sunniland Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32808</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Member</u>	<u>Jian Chen</u>	<u>521 Oak St</u>	<input checked="" type="checkbox"/> Add
		<u>Auburndale, FL 33823</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>member</u>	<u>Chenglan Chen</u>	<u>10374 White Pinto Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Worth, FL 33449-0000</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Member</u>	<u>Kang Zheng</u>	<u>1242 W Point Villa Blvd, Apt 202</u>	<input checked="" type="checkbox"/> Add
		<u>Winter Garden, FL 34787</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

No Change

17 MAY 12 PM 4:05

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____

Zheng Kang
Signature of a member or authorized representative of a member

Zheng, Kang
Typed or printed name of signee