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SEURETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER®

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TO: Registration Section Division of Corporati		
SUBJECT: Tim WA	OH LLC	
	Name of Limited Liability Company	•
The enclosed Articles of Amena	dment and fee(s) are submitted for filing.	
	e concerning this matter to the following:	
	HANLIN FAN Name of Person	
	Name of Person	_
	Tim WAH LLC	
	Firm/Company	
	Tim WAH LLC Firm/Company 8358 PoiNT MeAdows DLNe Address	
	Address	
	JACKSONVILLE FL 322560 City/State and Zip Code	1
	City/State and Zip Code	- HAR
	hankin fan @ gmail , COM E-mail address: (to be used for future annual report notification)	LAHASSEE FLORIDA TAPR 17 PM 3: 35
		PH 7-0
For further information concern	·	4 95
HANLIN FAN	at (347) 873 - 3577/ Area Code Daytime Telephone Numb	8 - 5
Name of Person	n Area Code Daytime Telephone Numb	ær
Enclosed is a check for the follo	owing amount:	
☑ \$25.00 Filing Fee □	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal 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

Tim WAH LLC	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L/7000053664</u> .	npany were filed on 03/08/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words 'Limited	d 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 ADDRES	SS)
Enter new mailing address, if applicable:	1 PECALET
(Mailing address MAY BE A POST OFFICE BOX)	- S.
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new
Name of New Registered Agent:	
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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	CHUSHing HUANG	8358 Point Meadows DRIVE JACKSONVILLE FL 32256	D Add
		JACKSONVIlle FL 32256	Remove
			□ Change
			Add
		VIZ. (T. III.)	☐ Remove
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