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	Fax Number	: (850)617-6383		to 25 to 25 to 25	146 1173
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	Account Name	: ALVAREZ, SUAZO	D & ASSOCIATES	ر الم الم	.
	Account Number	: 120130000076		Đ	\sim
	Phone	: (305)388-7028		27	<u> </u>
	Fax Number	: (305)479-2705		LORDA	ö

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIVE 901N LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•. •

(Name of the Limited Linbfilty Co	WE 901N LLC	ears on our records.)	
(A Florida Lim	iited Liability Company	()	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000098888</u>	pany were filed on _	05/03/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u> N/A The new name must be distinguishable and contain the words "Limited 1			the abbreviation "I I C "
Enter new principal offices address, if applicable:	<u>N/A</u>		
(Principal office address MUST BE A STREET ADDRES)	<u>\$)</u>		
	<u> </u>		
Enter new mailing address, if applicable:	NA		
(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:	N/A	
New Registered Office Address:	Enter Florida street ade	iress
	, City	Florida 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

• •

Title	Name	Address	Type of Action
MGR	YA HONG LI LOU	2369 RED MAPLE RD	O Add
		FLOWER MOUND, TX 75022	Remove
			Change
AUTHORIZED PERSON	YA HONG LI LOU	2369 RED MAPLE RD	🛱 Add
		FLOWER MOUND, TX 75022	C Remove
			Change
			CI Add
			Remove
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			Remove
			Change



• ...

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

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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	01/26/2018	· · · · · · · · · · · · · · · · · · ·	
		YML	
•		Signature of a member or authorized representative of a member	
		YA HONG LI LOU	
•		Typed or printed name of signee	

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