

L17000110407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

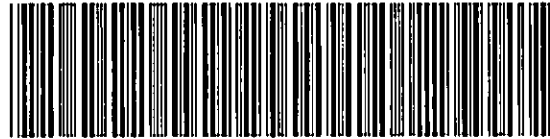
(Business Entity Name)

(Document Number)

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FEB 27 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EGG WAFFLE, 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:

Carmen Estrada

Name of Person

Stok Kon + Braverman

Firm/Company

One East Broward Blvd Suite 915

Address

Fort Lauderdale 33301

City/State and Zip Code

hengjie.gao11@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Estrada

954

237 1777

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EGG WAFFLE, 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 05/18/2017 and assigned
Florida document number L17000110407.

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)

8800 NW 36th Street, Apt 4638 Doral, Florida 33178

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8800 NW 36th Street, Apt 4638 Doral, Florida 33178

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: REN JIE

New Registered Office Address: 8800 NW 36th Street, Apt 4638

Enter Florida street address

Doral, Florida 33178

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>
MGR	HIN LAI	20703 NE 4TH PLACE, APT 103	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRIAN LAI	19860 W DIXIE HWY APT 1103	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YANDONG LIU	8261 NW 8TH ST, APT 435	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JIE REN	41-70 MAIN STREET, APT B392	<input checked="" type="checkbox"/> Add
		FLUSHING, NEW YORK, 11355	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 January 16th, 2020

Geo

Signature of a member or authorized representative of a member

1 temple

Благодарю

Typed or printed name of signee