

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002620143)))



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LI	.C AMND/RESTATE/CORRECT OR M/MG RESIGN KOUSINE, LLC	IASSEE.	L-7 M	
Ema	il Address:	SECKI	2021 J	72 · (T)
**Enter ann	the email address for this business entity to be used for ual report mailings. Enter only one email address please.	현류 future ·*	=	
	Phone : (305)944-9755 Fax Number : (888)401-1914	JF STA FLOR	AM 6:	
ri Giii.	Account Name : SILVAS FINANCIAL SERVICES, L.L.C. Account Number : I20020000100	3388 7.338	8-	
From:	Division of Corporations Fax Number : (850)617-6383	ILL AHA	2021 JUL	7
To:		7	~3	

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



(((H21000262014 3))	)	COVER LETTER			
TO: Registration So Division of Co					
KOUSINE	, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	andence concerning this matter	to the following:			
	KOU HUNG, DANNY Y	U WING			
		Name of Person		-	
	KOUSINE, LLC				
		Firm/Company	<del> </del>	~	<b>5</b>
	841 N FORT LAUDERD.	ALE BEACH		VITT AND SECULATION OF THE SECURATION OF THE SECURATION OF THE SECURATION OF THE SECULATION OF THE SECURATION OF THE SEC	
	-	Address	<u> </u>		= '
	FORT LAUDERDALE, F	T. 33304		3386 9.438	
		City/State and Zip Code		AN 6: I	· -
	ACCOUNTING2@SILVA			Y OF STATE	
		to be used for future annual report notifi	ication)	2-m -	-
For further information of	concerning this matter, please c	all:			
KOU HUNG, DANNY	YU WING	at (			
Name (	of Parson	at () Area Code Daytime	Telephone Number	ı	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

(((H210002620143)))

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

(Name of the Limited Liability Comp (A Florida Limited			
,	Liability Company)	ars on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company	y were filed on _	06/07/2017	and assigned
Torida document number 1.17000124845			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company h	ere:	
N/A			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS)			
Inter new mailing address, if applicable:	N/A		
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our i	records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	-	
New Registered Office Address:			
	Enter Fla	rida street address	
	-	, Florida	
	Сър		Zip Code

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.

From: Silvas Financial Services, LLC

2021-07-07 16:07:30 UTC

To: 18506176383

(((H21000262014 3)))
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

18884011914

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	WONG, PAOLA	841 N FORT LAUDERDALE BEACH	■Add
		FORT LAUDERDALE, Ft. 33304	
			🗀 Change
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			[]Change

6178383 ^ (((1-121000262014	Page: 6 of 6 3)))	2021-07-07 16:07:30 UTC	18884011914	From: Silvas Financial Sen
D. If amending an	y other informatio	n, enter change(s) here: (Attach	h additional sheets, if nea	:essary.)
	_			
				ZOZI JUL -8 A SECRETURN O TAULAHASSEE.
				AM 6: 11  OF STATE E. FLORIDA
	_			
Note: If the date	inserted in this block	of filing:  specific and cannot be prior to date of filing does not meet the applicable statut retirent of State's records.	(opt iling or more than 90 days afte tory filing requirements, th	ional) or filing.) Pursuant to 605.0207 (3)(b) is date will not be listed as the
If the record specifies record is filed.	a delayed effective d	ale, but not an effective time, at 12:	01 a.m. on the earlier of; (	h) The 90th day after the
Dated JULY 7		2021		
		banny Kou Hung		
13.4.3.		nature of a member or authorized repre	esentative of a member	
<u> </u>	NY KOU HUNG	Typed or printed name of	Flores	

Filing Fee: \$25.00