L17600142445

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
r
Special Instructions to Filing Officer:

Office Use Only



300301369043

07/17/17--01026--024 **25.00

FILED
17 JUL 17 PH 3: 14
DIVISION OF CURTO-ATIONS

O SHINWONE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DD		MION LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	JIN	OFFIE CAI	
		Firm/Company	
	18010 COZU	MEL ISLE dr Address	
	TAMPA	FL 33647	
	JINGJIE (E-mail address: (FL 33647 City/State and Zip Code CAI CAI CO G MAIL. to be used for future annual report notif	COM lication)
For further information co	ncerning this matter, please ca		
WEIKUAN Name of	CA I Person	at (323) 542 Area Code Daytime	6045 : 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDS SUPER	UNION LLC	
	Liability Company as it now appears on our r Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabin Florida document number 17000 142. This amendment is submitted to amend the following. A. If amending name, enter the new name of the The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	ility Company were filed on <u>June</u> 445	30, 2017 and assigned
This amendment is submitted to amend the following	ing:	هر بن
A. If amending name, enter the new name of th	e limited liability company here:	T JUL T
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicabl	le:	1 P C
(Principal office address MUST BE A STREET A	ADDRESS)	<u>ب</u>
		Oris
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office		eords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	ddress
-	City	, FloridaZip Code
	Tiv.	

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** JINGJIE CAI 18010 COZUMEL ISLE de TAMPA FL33647 ☐ Remove ☐ Change □ Add ☐ Change _□ ∧dď _□ Remove ☐ Change ☐ Add ☐ Remove __ Change _D Add □ Remove __ Change

				<u></u>		
	··					
						
						9 1
				 :		——————————————————————————————————————
		<u>-</u>		· · · · · · · · · · · · · · · · · · ·		OLVISION OF
						7 PM 3: 14
					****	PH 3: 14
				· · · · · · · · · · · · · · · · · · ·		10× 5
	· · · · · · · · · · · · · · · · · · ·					
			·			
		 				
Effective	date, if other than th	e date of filing	g:		(options	al)
Note: If t	ve date is listed, the date me he date inserted in this based on the large	lock does not n	neet the applicat	date of filing or mon tle statutory filing r	than 90 days after fili equirements, this da	ng.) Pursuant to 605.0207 ate will not be listed as t
	d specifies a delaye Oth day after the re		ate, but not	an effective tin	ne, at 12:01 a.n	n. on the earlier of:
Dated	07/11		2017			
	1 A	`1,		zed representative of		
		Signature of a r	nember or author	ved representative of	a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00