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## **COVER LETTER**

TO: Registration : Division of C		4	u.
SUBJECT:	121510 52 nd	Ave LLC	
	Name of Limit	éd Liability Company	
		Constant of China	
The enclosed Articles	of Amendment and fee(s) are subn	nitied for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Ting Swa	ne trnan Name of Person	
	PQ Con	trols Inc.	·
	95	Dolphin Rd Address	
	TSWee- E-mail address: 1	City/State and Zip Code  Code	Com
For further informatio	n concerning this matter, please ca	ill:	
Douglas Nam	Schumann e of Person	at ( <u>S&amp;U)</u> <u>839 - 2</u> Area Code Daytime	Telephone Number
Englosed is a check for	r 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

Jal JW Sand	HVe, LLC
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000172,407</u> .	pany were filed on August 11, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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 ADDRES	SS) = = = = = = = = = = = = = = = = = =
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the ne s here:
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 =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Ting Sweetman	95 Dolphin Rd.	Add
		Bristol, CT 06010	□ Remove
		<u></u>	Change
	Douglas D. Schumann	500 Kings Town Dr. Naples, FL. 34102	
		Naples, FL. 34102	□ Remove
			Change
			Remove
			Change
		· 	Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
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 June 28, 2019  Lina Jule Ima  Signature of a member or authorized representative of a member
Ting Sweetman Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00