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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO:

**Registration Section** Division of Corporations

Tallahassee, FL 32314

SUBJECT:	3030 IN FLORIDA LLC				
SUBJECT:	•	Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		JIANFENG WIU			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
		7246 NW 1737D DD 1946	Firm/Company	<del></del>	
		7245 NW 173RD DR #250			
		HIALEAH, FL 33015	Address		
		wealthincometax@gmail.co	City/State and Zip Code		
For further in	nformation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not	ification)	
ANDRU		, , , , , , , , , , , , , , , , , , ,	786 970-7793		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
\$25.00 F	iling 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)	
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3030 IN FLORIDA 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 \_\_\_\_\_\_ and assigned Florida document number L17000173719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 3027 IN FLORIDA LLC 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) Enter new mailing address, if applicable: (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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			□ Change
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			□ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			□ Change

f an ef Note:	five date, if other than the date of filing:  [Coptional]  [Coptional]
ie re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Signifure of member or authorized representative of a member
	Signature of member or authorized representative of a member

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Filing Fee: \$25.00