

L17000185086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

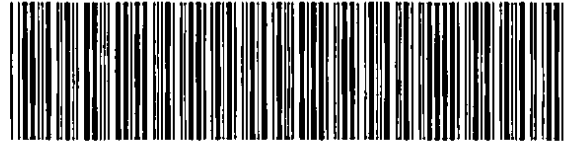
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200318194182

09/10/18--01013--023 \*\*25.00

FILED  
18 SEP 10 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEIGUOTONG 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:

JASON PUGH

\_\_\_\_\_  
Name of Person

PUGH LAW OFFICE P.A.

\_\_\_\_\_  
Firm/Company

3101 MAGUIRE BLVD, STE 270

\_\_\_\_\_  
Address

ORLANDO, FL 32803

\_\_\_\_\_  
City/State and Zip Code

JP@PUGHLAWOFFICE.COM

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

For further information concerning this matter, please call:

JASON PUGH

888

512-0868

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/COURIER ADDRESS:

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

FILED  
18 SEP 10 AM 8:32  
TALLAHASSEE, FLORIDA

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

MEIGUOTONG 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 08/30/2017 and assigned  
Florida document number L17000185086.

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)**

**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 new registered agent and/or the new registered office address 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>   | <u>Address</u>   | <u>Type of Action</u>                   |
|--------------|---------------|--|---|
| MGR          | Baya Harrison | 45-50 Pearson St., Apt. 9M, Long Island City, NY 11101 | <input checked="" type="checkbox"/> Add |
|              |               |  | <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         |
|              |               |  | <input type="checkbox"/> Add            |
|              |               |  | <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         |

FILED  
SEP 10 AM 8:52  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

18 SEP 10  
CONE POINT  
TALLAHASSEE

**FILED**

**18 SEP 10 AM 8:02**

CITY OF ST. JAMES  
CLARK COUNTY, FLORIDA  
COUNTY CLERK'S OFFICE

( )

(ing.) Applicant to No. 0207 (

Date will not be listed as t

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

JASON PUGH

Typed or printed name of signee