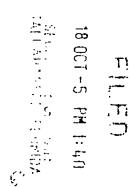
## 117000199086

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## **COVER LETTER**

TO:							
(211D 11	KHOR YUK LIANG AND DAD LLC						
SUBJE	oci:	Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		LINDA LEPORE					
		Name of Limited Liability Company  assed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  LINDA LEPORE  Name of Person  CALOOSEHATCHE TAX & FINANCIAL SERVICES  Firm/Company  615 CAPE CORAL PKWY W. 106  Address  CAPE CORAL.FL 33914  City/State and Zip Code  LINDA.LEPORE@CTFS.US  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  LEPORE  Name of Person  1 239  Name of Person  Area Code  Daytime Telephone Number  is a check for the following amount:					
Firm/Company 615 CAPE CORAL PKWY W. 106							
	Address						
		E-mail address; (	City/State and Zip Code LINDA.LEPORE@CTFS.US  E-mail address: (to be used for future annual report notification)				
For fur	ther information c	oncerning this matter, please co	ali:				
LINDA	LEPORE		239 540-2612				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
\$25	5.00 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

KHOR YUK LIANG AND DAD LLC				
(Name of the Limited Liab (A Flori	lity Company as it now appears on our red da Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Florida document number L17000199086	Company were filed on <u>09/26/2017</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	``		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:		5 PR TT		
(Mailing address MAY BE A POST OFFICE BOX)		5		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the nev		
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 t 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
AMBR	TAN, SOW CHAN	728 SW Pine Island Rd Suite 4 Cape Coral, FL 33991	Add
			□ Remove
			□ Change
AMBR	CTFS GLOBAL, INC	615 Cape Coral Pkwy W. Suite 106 C. Coral, FL 33914	
			■ Remove
			Change
			Add
			Remove
			G.G. hange
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Effective date, if other than the	e date of filing:	(6	optional)	
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b	st be specific and cannot be prior to clock does not meet the applicable	date of filing or more than 90 days	after filing.) Pursuant to 60	05.0207 sted as
document's effective date on the D	Department of State's records.			
ne record specifies a delayed The 90th day after the rec		in effective time, at 12:0	01 a.m. on the ear	lier of
Dated October 2nd	2018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00