Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number: 076770003401 Phone : (305)381-8108 : (305)381-8109 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cc@abogadomiami.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ALWINS HOLDINGS LLC**

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Electronic Filing Menu

Corporate Filing Menu

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A. RIVERS

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	Registration Sec Division of Corp			
SUBJEC		OLDINGS LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspor	ndence concerning this matter	to the following:	
		Cindy E. Calderon		
			Name of Person	
		Geoffrey M. Wayne, P.A.		
			Firm/Company	
		135 San Lorenzo Ave., PH	840	
			Address	
		Coral Gables, FL 33146		
		cc@abogadomiami.com	City/State and Zip Code	
			to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please ca	all:	
Cindy E.	. Calderon		305 381-8108 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	e following amount:		
≅ \$25. 0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
·	Mailing Address Registration S	Section	Street Address: Registration Se	
	Division of Co P.O. Box 632		Division of Co The Centre of	
	Tallahassee, F		2415 N. Monro Tallahassee, Fl	pe Street, Suite 810 L 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ARTICLES OF ORGANIZATION OF

ALWINS HOLDINGS LLC			
(Name of the Limited	Liability Company as it now app Florida Limited Liability Company	ears on our records.)	
·			
The Articles of Organization for this Limited Lial	oility Company were filed on	11/21/2017	and assigned
Florida document number L17000240259	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or regardent and/or the new registered office address Name of New Registered Agent:		r records, <u>enter the nar</u>	
N D 'A1 000 Add			792 2
New Registered Office Address:	Enter 1	Florida street address	2021H0V
		, Florida _	·
	City	,	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		3
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete performance ered agent as provided for i egistered office address, I he	of my duties, and I am n Chapter 605, F.S. Or	familian with and ;; if this document is
	If Changing Registered	Agent, Signature of New R	egistered Agent

11/16/2021 1:43:43 PM PST (GMT-8) FROM: -TO: 18506176383 Page: 5 of 6

Docusign Envelope ID: D0F3EE4E-A97A-480C-A3AC-F80702C93D42
II amenuing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Shih-Chi Chang	135 SAN LORENZO AVE., PH 840	a Add
		CORAL GABLES, FL 33146	□Remove
			Change
AMBR	Ting Chan	16599 SW 54 CT.	
		MIRAMAR, FL 33027	■Remove
AMBR	Cannon Int'l, Inc.	135 SAN LORENZO AVE., PH 840	
		CORAL GABLES, FL 33146	=Remove
			□ Add
			Remove
			Change
			□Remove
			Change
			☐ Add
			□Remove
			Change

amending any other information	ion, enter change(s) here: (Attach additional sheets, if necessary.)
_	
ffective date, if other than the date must an effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Department.	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ack does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 16	, <u>2021</u>
December 16	
— 548CF DOCCRF645E	Signature of a member or authorized representative of a member
Geoffrey M. Wayne, Aut	thurized Representative
Control M. Wayne, Aut	Typed or printed name of signee

Filing Fee: \$25.00

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