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C. GOLDEN FEB 12 2019

COVER LETTER

	Registration Sec Division of Corp			_	
SUBJEC	Т:	AN C	HEU LU led Liability Company	<u>.</u>	
The enclo	osed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please ret	urn all correspon	dence concerning this matter t	o the following:		
		YAN	CHEN)	
		YAN	Name of Person CHEA Firm/Company	J LLC	
		(244 Ca	P Diville	AVE	
			eity/State and Zip Cod		
		E-mail address: (to	@ gmail. co	il report notificatio	n)
For furth	er information con	ncerning this matter, please ca	ll:		
	YAN Name of I	CHEV Person	at (<u>386</u>) Area Code	882 -50 Daytime Tele	phone Number
Enclosed	is a check for the	following amount:			
\$25,0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee Certified Copy (additional copy is e		□ \$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

FILED

YAN CI	(EN LLC 2019 FEB - 6 PM 5: 02
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company) Were filed on Tage 3rd, 2018 and assigned
The Articles of Organization for this Limited Liability Company	were filed on Jan. 3", 2018 and assigned
Florida document number <u>L (80000 0 2073</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1244 Cap Diville AUE
(Principal office address MUST BE A STREET ADDRESS)	Port Orange FL 32129
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1244 Cap Diville AUE Port Drange FL 32129
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
			
			Remove
			Change
			□ Add
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n effective date is his o <u>te:</u> If the date ins		ecific and cannot be pri ses not meet the appl	licable statutory filin		nal) ding.) Pursuant to 605.0207 (date will not be listed as t
	es a delayed effe after the record is		not an effective t	ime, at 12:01 a.	m. on the earlier of:
	•	2010)		
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ted2/i	M	tule of a thember or au	thorized representative	of a member	

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Filing Fee: \$25.00