LIBOUCO TUOL

(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



400307945784

01/22/18--01005--003 **25.00

18 JAN 22 MH 11: 05

SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp						
eu n I		VESTMENTS LLC					
SUBJECT: Name of Limited Liability Company							
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Un Tung Teng					
			Name of Person				
		Momentum Tax Accounting	ng Consulting LLC				
			Firm/Company				
		6996 Piazza Grande Ave S	te 202				
			Address				
		Orlando FL32835					
			City/State and Zip Code				
		ra@momentumtac.com	to be used for future annual report notif	ication)			
For fu	irther information co	oncerning this matter, please ca	·	(Carlott)			
	ung Teng		407 4403379				
	Name o	r Person	at () Area Code Daytime	Telephone Number			
Enclo	sed is a check for th	ne 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

TO:

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

BESUN INVESTMENTS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companional Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization of	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	SEC.
Principal office address MUST BE A STREET ADDRESS)		<u>→ - RE</u>
		ASS ASS
Enter new mailing address, if applicable:		EE. FL
Mailing address MAY BE A POST OFFICE BOX)		RATE ORION
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address he	•	enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		• 1
	, Flori	ida 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>	Address	Type of Action
AMBR	MEI HSING MAI	7206 GREEN PINE CT	
		ORLANDO, FL32819 US	□ Remove
			■ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Add
			□ Remove
			∏ Change

							<u>-</u>		
-									
			_						
			_			<u> </u>	· -		
						_			_
								18	٩L
		<u>-</u>				.		JAN 22	AHA
			-					2 2	000
								3	
								111: 03	, C
<u></u>								S	Ć
						_			
									
	•		_ _						
				<u>. </u>		<u> </u>			
						,			
ffective date, if an effective date is	listed, the date me	ust be specific	and cannot be	prior to date	of filing or mor	than 90 days a	itional) Rer filing.) Pursu	ant to 605.	.020
Note: If the date locument's effect					ntutory filing i	equirements,	this date will n	ot be liste	ed as
e record spec The 90th day				t not an e	effective tin	ne, at 12:0	1 a.m. on th	ne earlie	er o
January 18 Dated	ith		2018	1					
4/418°C1			-j <u>-</u>	· ·					
Jaica		ħ							

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00