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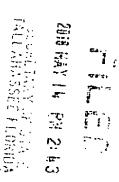
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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Pertified Copies Certificates of Status  Special Instructions to Filing Officer:			
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Office Use Only



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J. HARRIS

## **COVER LETTER**

Division of Corporations  SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lin	Name of Person	
	Seed Articles of Amendment and fee(s) are submitted for filing.  January and Correspondence concerning this matter to the following:  January Company  3452 W JUORA Ter Address  Jalian FL 33018  City/State and Zip Code  Linglin 0716 @gmail. Com  E-mail address (to be used for future annual report notification)  or information concerning this matter, please call:  Rick-Lin at (954 Area Code Daytime Telephone Number)  is a check for the following amount:  0 Filing Fee		
	3452 1	N 100rs Ter	<del></del>
	Itiali	City/State and Zip Code  91: 0716 Wamail	<u> </u>
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:			
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	· ·	<del>-</del>	

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

(Name of the Limited Liability Comp.	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	-1 1- 10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "LLC" or the ab	berviation "L.J., C."
Enter new principal offices address, if applicable:	10735 NW 584	ESIB+
(Principal office address MUST BE A STREET ADDRESS)	Sulle C-4 Dural, FL 3317	The state of the s
Enter new mailing address, if applicable:		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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</u>	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida street address	
	, Florida	
	Сіф	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:

or remov	d from our records:
MGR =	Manager

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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e record specifies The 90th day aft	s a delayed effe ter the record i	ective date, but s filed.	not an effective t	ime, at 12:01 a.m	), on the earli	ier (
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*	Signa	ture of a member or a	afforized representative	of a member	50 E	· .
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		Lin	ling inted name of signee		<b>3</b>	q

Page 3 of 3

Filing Fee: \$25.00