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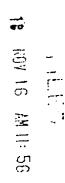
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Salden Welker Chil LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Golden Welher Clime
1969 5 Akataya Tpril Suit 186
OF Condo, FL 32P2P City/State and Zip Code
E-may baddress: (to be used for future annual report not heation)
For further information concerning this matter, please call:
Name of Person at (40) 7-3188 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

Frolden W	Jelhen Clinic LLC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L(8000557)3}{}$	ompany were filed on
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	<u>ټ</u> ې
Enter new mailing address, if applicable:	775
(Mailing address MAY BE A POST OFFICE BOX)	
	კი
registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	Part Part and Alexander
	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 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 Type of Action <u>Title</u> Name Address _□ ∧dd __ Change _□ Add □ Remove Change 1 _□ Remove ----້າ <u>∆</u>□ Change _□ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add □ Remove

☐ Change

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Placechange title of Zian Hu
	From = President" to = CED: (hief Executive Officer"
	Thank You!
	Zilan Hu: remove old title = President"
_	
	Add new title: ESO: Chief Executive Officer
	
	
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(If an effective <u>Note:</u> If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) at date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	Nou. 13 2018.
	<u> </u>
_	Signature of a member or authorized representative of a member
	Zilan Hu
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00