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FILED SECRETARY OF STATE TALLAHASSEE FLORIDA

N COOPER APR 0 9 2018

## **COVER LETTER**

	ision of Cor			
SUBJECT:	FERVOR &	& CO. LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	·
		CHRISTINE CHEW		
			Name of Person	
		CHRISTINE CHEW & AS	SSOCIATES	
		<del></del>	Firm/Company	<u></u>
		539 N. MILLS AVE		
			Address	
		ORLANDO, FL 32803		
		<del></del>	City/State and Zip Code	
		CCHEWINCORP@GMAIL	L.COM to be used for future annual report notifi	ication)
For further in	nformation c	concerning this matter, please ca	•	(Carlott)
CHRISTINE	E CHEW		407 894-7259 at ( )	
	Name o	f Person		Telephone Number
Enclosed is a	check for the	he following amount:		
■ \$25.00 F	iling 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 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

FERVOR & CO. LLC		
(Name of the Lim	ted Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>(*)</u>
The Articles of Organization for this Limited	Liability Company were filed on 03/13/2018	and assigned
Florida document number L18000065939		
This amendment is submitted to amend the fo	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	'or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	<b>==</b> ₽
(Principal office address MUST BE A STRE	ET ADDRESS)	<b>79</b>
		<b>ző</b> \$
		<b>6</b>
Enter new mailing address, if applicable:		<b>25</b> n
Mailing address MAY BE A POST OFFICE		<u></u>
		<b>£</b> 3
B. If amending the registered agent and registered agent and/or the new registered	I/or registered office address on our records office address here:	, enter the name of the new
Name of New Registered Agent:	HAW MING CHANG	
New Registered Office Address:	Enter Florida street address	
	Lines 1 forma sireel address	
	, Flo	orida

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	HAW MING CHANG	7919 ST. GILES PLACE	□ Add
		ORLANDO, FL 32835	Remove
			Change
<del></del>			Add
			☐ Remove
			Change
			□ Add
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Filing Fee: \$25.00