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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Khuong (Danny) Chung		
	EGGS AND OATS LLC	Name of Person	
	126 WEST PLANT ST	Firm/Company	
		Address 4787	
	mr.dannychung@gmail.con		
For further information c	E-mail address: (concerning this matter, please co	to be used for future annual report notifi all:	cation)
Khuong (Danny) Chung		407 259-8899	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

EGGS AND OATS LLC					
(Name of the Limite	ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Li Florida document number L18000118083	ability Company were filed on 05/	and assigned			
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability company he	<u>ere</u> :			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	esignation "LLC" or the achteviation "L.L.C."			
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE					
registered agent and/or the new registered o	/or registered office address o	n our records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	126 WEST PLANT ST Enter Florida street address				
	WINTER GARDEN City	, Florida <u>34787</u>			
	•	-, -			
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to act in this per and complete performance of istered agent as provided for in pregistered office address, I here	$C_{napler}(0)$, $F.S.Or$, G this document is			

Page 1 of 3

IPChanging 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>	<u>Address</u>	Type of Action
MGR	LYONS, DAVID	PO BOX 50-253, 7512 DR PHILLIPS BLVD	
		ORLANDO, FL 32819	
			■ Remove
			Change
MGR	Chung, Khuong	6336 Buford St. Unit 609 Orlando.FL 32835	Add
			☐ Remove
			☐ Change
			<u> </u>
			Remove
			(6)
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
	•		Change

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		12/10/18					
ective date, if other the effective date is listed, the	han the date of fi	ling:	ar to date of filing	or more than 90 day	(optional)	ircuant te	5605 02
e: If the date inserted i	n this block does no	ot meet the appli	icable statutory	filing requiremen	ts, this date wil	l not be	listed a
ument's effective date	on the Department	of State's record	S.				
record specifies a o	delaved effectiv	e date, but n	ot an effecti	ve time, at 12	:01 a.m. on	the e	arlier
he 90th day after t	the record is file	ed.					
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		<u> </u>	barized represent	ative of a member			_

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Filing Fee: \$25.00