10/4/2019

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H19000296219 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA

Account Number : 120010000164

Phone : (305)893-8989 Fax Number : (305)891-7717

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

فقاسمة للمنافذ لوجاميا مسارية المحري فحاديث والهوي فراواه الرواية وفيساء الأناب الرازان الماس الرازات

Email	Addre	55	:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOK ENTERPRISE LLC

Certificate of Status	0
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Page Count	04
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Help

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## **COVER LETTER**

	tration Sector of Corp			
eum arces.	LOK	ENTERPRISE LLC		
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed a	Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return n	ili correspo	ndence concerning this matter	to the following:	
		TONY PORNPRINYA		
		g par grant spragger spatra i forma é a 1930 de 1930, qui despre qui b <sub>ar</sub> rega qui mellan e sabb della	Name of Person	Anny
		LAW OFFICE OF TO	IY PORNPRINYA	
		a digita din dinamanana and anticke day general Andrea anno 186477 der	Firm/Company	
		1555 NE 123 STREET		
			Address	
		NORTH MIAMI FL 33		
			City/State and Zip Code	y ( <del>1                                  </del>
		NVC@MIAMIDADEL		
			to be used for future annual report noul	icaion)
For further in		oncerning this matter, please ca		
TONY POR	RNPRINYA		305 893-8989 at ()	
	Name o	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
<b>■ \$25.00</b> Fi	ling Fee	□ \$30,00 Piling Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional cory is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	ก

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 266: Executive Center Circle Tallahassee, FL 32301

(((H190002962193)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 OCT -4 PM 12: 43 SECRETARY OF STATE TALLARASSEE, FL

LOK ENTERPRISE LLC		
(Name of the Limited Lipbil (A Florid	ty Company sa it gov appears on our rec a Limited Liability Company)	<u>grd3.</u> )
The Articles of Organization for this Limited Liability Corida document numberL18000146511		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liubility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	A 44	
Mailing address MAY BE A POST OFFICE BOX)	and the second s	The second secon
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our reco	ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street ad	idress
	City	, Plorida -
	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

Page 1 of 3

If amonding Appharited Porsonis) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	HENRY LOK	330 NW 151 AVE PEMBROKE PINES FL 33028	
			□ Remove
			Change
AMBR HENRY LOK	330 NW 151 AVE PEMBROKE PINES FL 33028		
			□ Remove
			☐ Change
		÷	Add
			. □ Remove
			C) Change
deductive from the complete control of			C) Add
			☐ Remove
			Change
			□ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

amending any other information, enter change(s) here: (/	
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Company of the Compan	
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to di tote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	(optional) ale of filing or more than 90 days after filing.) Pursuant to 605.0 statutory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not al The 90th day after the record is filed.	n effective time, at $12{:}01$ a.m. on the earlier
ated October 4 2018	Wal,
Signature of a member or authorize	l, par
KAM WHONE	

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Filing Fee: \$25.00

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