8/24/2021	Division of Corporations
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	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
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	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : RACHEL SIU Account Number : 120010000073 Phone : (407)679-2433 Fax Number : (407)671-4352
	Enter the email address for this business entity to be used for future. P annual report mailings. Enter only one email address please. Email Address:
	Email Address:
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIU FAMILY PROPERTIES LLC
	Certificate of Status 0
((Certified Copy 0 Page Count 01 Estimated Charge \$25.00
	Estimated Charge \$75.00
2021 SEP - 2	

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COVER LETTER

TO: Registration Section

Division of Corporations

Siu Family Properties LLC SUBJECT: 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: Chi Ming Siu Name of Person P -2 PH 5: 53 Firm/Company 5100 OldHowell Branch Rd Address Winter Park, FL 32792 City/State and Zip Code rsin888@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachel Siu 679-2433 at (Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee 🗆 \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siu Family Properties LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000201490</u> This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liabl	<u>llity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
<u>(Principal office address MUST BE A STREET ADDRESS)</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Chi Ming Siu	
New Registered Office Address:	5100 Old Howell Branch Rd	
	Enter Florid	da street address
	Winter Park	, Florida <u>32792</u>
Redistered Agent's Stepators in a	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Rachel Siu	5100 Old Howell Branch Rd Winter PArk FL 3279	
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			Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

Dated September 2	2021
	Signature of a member or authorized representative of a member
Chi Ming Siu	
	Typed or printed name of signee

Filing Fee: \$25 00

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