118000211255

(Req	uestor's Name)	<u> </u>
(Add	ress)	
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COVER LETTER

TO:

	Registration Se Division of Cor				
S110 117	SOUTH PO	DINTE 220 LLC			
SUBJEA.	TT:	Name of Limi	ited Liability Company	•	
The enclo	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		KEIRA WELLIU			
		•	Name of Person		
		SUTH POINTE 220 LLC			
		A	Firm/Company		
		500 SOUTH POINTE DRI	IVE #220		
			Address	 ,	
		MIAMI BEACH, FL 3313	9		
		WENG CHARCONS 4	City/State and Zip Code		
		WEIMACARO@GMAIL C	to be used for future annual	report notifica	nont
hor furth	er information co	oncerning this matter, please ca	ıll.		
WELLIU			206 41	3-0713	
	Name o	l'Person	at () Area Code	Daytime To	rlephone Number
Enclosed	Lis a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	Registrat Division Chiton F	tion Section of Corporation	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH POINTE 220 LLC			
(Name of the Limi	ted Liability Company as it now ar (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited I Florida document number L18000211255	iability Company were filed or	SEPTEMBER 5, 2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "I imited I rability Company "	the designation "HTC" or the abbi	reviation "E. L. C."
Enter new principal offices address, if appli-	cable:		· 🕳 - 👱
(Principal office address MUST BE A STREI	ET ADDRESS)		SECRETA AISIGN OF
Enter new mailing address, if applicable:			7 8
(Mailing address MAY BE A POST OFFICE	<u></u>		6. h :6
B. If amending the registered agent and registered agent and/or the new registered of	• •	on our records, enter the	he name of the no
Name of New Registered Agent:	WEILIU		
New Registered Office Address:	200 SOUTH POINTE DRIV	E #220 Florida street address	
	міамі веасн	, Florida <u>3311</u>	39
	Cuy	, ·	Zıp 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.

H 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>	Name	Address	Type of Action
AMBR	AMPAY TECHNOLOGY LLC -	4621 114TH AVE SE, STE 132 BELLEVUE, WA 98004	∃ Add
			☐ Remove
			Change
AMBR	QIUYAN YANG	1556 79TH PL NE MEDINA, WA 98039	■ Add
			Remove
	HONGBIN WEI	(EEE ZOTU DI NE	Change
AMBR 		1556 79TH PL NE MEDINA, WA 98039	Add
			□ Remove
			_ ■ Change
			Remove
			☐ Change
			□ Add
		<u>-</u> .	☐ Remove
			Change
- •			
			□ Remove
			☐ Change

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Filing Fee: \$25.00