## 118000253091

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

Registration Section **Division of Corporations** FIREPHOENIX TECHNOLOGY 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: Hong Hong Name of Person FIREPHOENIX TECHNOLOGY LLC Firm/Company 3136 EGRETS LANDING DRIVE Address LAKE MARY, FL 32746 City/State and Zip Code SHEILAHONG2000@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HONG HONG Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

FIREPHOENIX TECHNOLOGY LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	<del></del>
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.18000253091}{1.18000253091}$ .	e filed on OCTOBER 29,2018	and assigned
This amendment is submitted to amend the following:		
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 Co	ompany," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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Enter new mailing address, if applicable:	<u>.</u>	- R - T1
(Mailing address MAY BE A POST OFFICE BOX)	,	<u> </u>
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B. If amending the registered agent and/or registered office	address on our records, enter the	name of the ne
registered agent and/or the new registered office address here:	<i>₩</i>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Lip 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ULAS BAGCI	5472 WHITE HERON PL, OVIEDO,FL32765	
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ective date, if other than the date of filing:	of filing or more than 90 days after filing.) Pursuant	i to 605.0
te: If the date inserted in this block does not meet the applicable startment's effective date on the Department of State's records.	atutory filing requirements, this date will not l	be listec
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record specifies a delayed effective date, but not an e he 90th day after the record is filed.	effective time, at 12:01 a.m. on the	earlie
led 13 November 2018.		
Signature of a member or authorized re	epresentative of a incruoci	

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Filing Fee: \$25.00