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**Buskey Law Offices** 

Lynn A. Buskey, JD, M8A LL.M. in Estate Planning Admitted in MA, FL & NH 500 Victory Road
Suite 400
Quincy, Massachusetts 02171
www.BuskeyLaw.com

Tel: 617-447-2330 Fax: 617-447-2367

Lynn@BuskeyLaw.com

November 8, 2018

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Tong Family LLC

Dear Sir or Madam:

Enclosed please find Articles of Amendment to the Articles of Organization of the Tong Family LLC. The purpose of filing these Articles of Amendment are to remove Dean Tong as the denoted manager of the LLC.

The Tong Family LLC was filed online on November 6, 2018, and has not yet been posted to Sunbiz at the time of this writing; however, there is an urgency to this request and I am hoping the Tong Family LLC will be posted by the time this letter arrives.

Kindly process this amendment at your earliest convenience. I greatly appreciate your prompt assistance with this request. If you need anything else to complete this request, please contact me at the above phone number or email address. Thank you again.

Sincerely yours,

Jugun a Buskey Lynn A. Buskey

## **COVER LETTER**

TO: Registration So Division of Co			
Tong Fami	ily LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Lynn A. Buskey		
		Name of Person	
	Buskey Law Offices		
		Firm/Company	
	500 Victory Road, Suite 40	00	
		Address	
	Quincy, MA 02171		
	Lynn@BuskeyLaw.com	City/State and Zip Code	filing.  owing:  me of Person  m/Company  Address  te and Zip Code  for future annual report notification)  617
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Lynn A. Buskeuy		617 447-2330 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

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

Tong Family LLC	•	and the second
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on ou da Limited Liability Company) 2019 N	records.) IV 13 A II: 30
he Articles of Organization for this Limited Liability		
orida document number		** **
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	mited liability company here:	
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<del>.</del>	
Principal office address MUST BE A STREET ADD	ORESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
<ol> <li>If amending the registered agent and/or reg egistered agent and/or the new registered office ad</li> </ol>		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
They registered Office readers.	Enter Florida stre	et address
		, Florida
_	City	, Florida 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dean Tong	8321 Fox Hollow Drive	
		Day Di Law FL 24669	Add
		Port Richey, FL 34668	B Remove
			B Remove
			☐ Change
			Add
			□ Remove
			Change
			D Add
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Constitute data of athorists	on the date of Glinas		(optional)	
Effective date, if other that is listed, the	date must be specific and cannot be pr	ior to date of filing or more than	90 days after filing.) Pursuant to 6	505.0207
	n this block does not meet the app in the Department of State's record		rements, this date will not be li	isted as
ne record specifies a d The 90th day after tl	elayed effective date, but the record is filed.	not an effective time,	at 12:01 a.m. on the ear	rlier of
November	2018			
Dated	<del></del>	·		
	Lynn a	Buskers		
	wyner a	thorized representative of a me	mher	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee