1190000 19742

(R	Requestor's Name)	
(A	address)	
(A	address)	
(C	City/State/Zip/Phone	e #)
PICK-UP		MAIL
(E	Business Entity Nar	me)
(C	Ocument Number)	·. -
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
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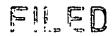
C. GOLDEN MAR - 7 2019

COVER LETTER

TO:

FO: Registration S Division of Co			
	FAOLS PINEMBLE FLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	_	
	Qun Lin		
	A&T Buffaols Pinehill LL	Name of Person	
	4473-4477 N Pine Hill	Firm/Company	
	Orlando, F1, 32808	Address	
	info@lausconsult.com	City/State and Zip Code	
For further information of	E-mail address: () concerning this matter, please ca	to be used for future annual r all:	eport notification)
Qun Lin		at (-4687
Ni. ne o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl	Certificate of Status &
Regist Divisio P.C. B	ANG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registrati Division o Clifton Br 2661 Exec	O/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



A&T BUFFAOLS PINEHILL LLC

2019 FEB 26 AM II

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>s</u>) 2128887.
		and the Section
The Articles of Organization for this Limited Liability C	Company were filed on 1/17/2019	and assigned
Florida document number L19000019742	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
A& T BUFFALOS PINEHILL LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office a ldress MUST BE A STREET ADDI	RESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		s, enter the name of the
registered agent and/or the new registered office add	ress nere:	
Name of New Registered Agent:		
Name of New Registers (Meetic		_
New Registered Office Address:	Enter Florida street addres.	
	Flo	orida Zip Code
Now Degistered Agent's Signature if changing Registere	•	any vone

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti
MGR	ZHONG CHEN	2107 W COLONIAL DR. ORLANDO, FL 32804	
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			Change
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	FEB 21, 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	QUN LIN
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00