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Office Use Only



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S. CHATHAM

OCT - 6 2022



COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Florida S&B, Ll	-C.	
3000ECT	Name of Lin	ited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub-	omitted for filing.	
	Name of Person Area Code Daytime Telephone Number seek for the following amount:		
		Name of Person	
		irkview Lake b	Y
	Orl	ando FL 32821	
	Paky o		il. Com
For further informa	ation concerning this matter, please c	all:	
Pak Y	an Chiu	at (321) 320 Area Code Daytin	ne Telephone Number
Enclosed is a check	k for the following amount:		
□ \$25.00 Filing 1		Certified Copy	Certificate of Status & Certified Copy
	tion Section	Street Address: Registration Se Division of Co	
DIVISION	n of Corporations	Division of Co	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida SUB	, LLC.	
(Name of the Limited Liability (A Florida)	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 1900067317</u>	Company were filed on $03/11/2019$ and as 7 .	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	nited Liability Company," the designation "LLC" or the abbreviation (1)	L.G.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	0.2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<i>\theta</i>	PONTH
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, enter the name of the no	ew registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	<i>:</i>

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 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>	Address	Type of Action
MGR	Barbara Chiu	5636 Parkvilw Lake Dr	<u>`</u> X Add
		Orlando, FL 32821	□Remove
			□Change
NGR	Laura Chiu	5636 Parkview Lake D Orlando, FL 32821	V. XAdd
		Orlando, FL 32821	□Remove
			□Change
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