1190000 70893

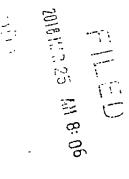
(Requestor's N	lame)
(Address)	-
(Address)	
(City/State/Zip	/Phone #)
(,	······································
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document No	ımber)
·	
Certified Copies Cert	ificates of Status
Certified Copies Cert	incates of Status
Special Instructions to Filing Office	er;
	

Office Use Only



000326494850

03/25/19--01097--020 **25.00



Mame Chs

APR () 4 2019 I ALBRITTON

COVER LETTER

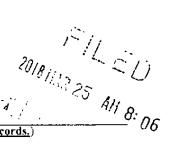
TO:	Registration Se Division of Cor			
61.0 11	AliceKwok			
SOBJE	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Steve Barile		
			Name of Person	
			Firm/Company	
		9301 River Cove Dr		
		Riverview, FL 33578	Address	
		Stevebarile@verizon.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Steve I			813 494-7622 at ()	
	Name o	f Person .	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
≅ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ABTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Alicekwok, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on 03/13/19	and assigned
Florida document number L19000070893		
This amendment is submitted to amend the following:	٠	
A. If amending name, enter the new name of the limited l	iability company here:	
Alice Nagr Sze Kwok, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		i
B. If amending the registered agent and/or registered		records, enter the name of the ti
registered agent and/or the new registered office address	<u>here</u> :	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	. Florida	
	City	, Florida
New Registered Agent's Signature, if changing Registered Age	e <u>nt:</u>	
I hereby accept the appointment as registered agent and a	agree to act in this capac	ity. I further agree to comply with ti

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:

MCR =	Manager	
MON	Manager	
AMRD -	- Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		<u> </u>	Add
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□ Remove
			Change

_				
			<u></u>	
		-		
		,		
			1.5.	
				
 				
				
ective date, if oth	ner than the date of filing: _		(optional)	
e: If the date inser		the applicable statutory	or more than 90 days after filing.) Pu filing requirements, this date wil	
	s a delayed effective date ter the record is filed.	e, but not an effecti	ve time, at 12:01 a.m. on	the earlier of
ed				
		· ·	ative of a member	
/				

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00