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COVER LETTER

SUBJECT:	Nama of tim	ited Liability Company	
	Name of fami	ned mapmy company	
Tibe and Amide a	C 4	unional Car Citian	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	John Chung		
		Name of Person	
		Firm/Company	
	7201 Altura Pl		
		Address	
	Oakland CA 94605		
		City/State and Zip Code	
	Jacksonvillehomekey@gma		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
John Chung		510 529-5176 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
		□ 655 00 EUL. F 6	□ \$40.00 EU E
■ \$25.00 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)
	LING ADDRESS:	STREET/COURIE	

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

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

156 JACKSONVILLE LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 04-04-2019	ánd assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	- · · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or (the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	9378 Arlington Expressway #138	
(Principal office address MUST BE A STREET ADDRES.		Jacksonville FL 32225	
Enter new mailing address, if applicable:		9378 Arlington Expressway #138	
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville FL 32225	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	Zane Bennett		nter the name of the ne
	Jacksonville	, Florid	a 32225

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	GNY JACKSONVILLE LLC	3495 Lakeside Dr #1006	
		Reno NV 89509	
			Remove
			□ Change
	John Chung	7201 Altura Pl	
MGR			
		Oakland CA 94605	
			■ Remove
			☐ Change
			□ Remove
		-	Nemove
			□ Chamas
			Change
	-		
			Remove
			5 6
		-	□ Change
			5
			
			Remove
			Change
			_
			
			Remove
			Change

D. If amen	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
_	
_	
	
Note: If	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	y 16th 2019
	eny
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00