## 19000107377

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(Address)	
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## **COVER LETTER**

	Registration So Division of Co				
era nez		LF BOULEVARD 403E LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company	<del></del>	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Ming Jyh Lin Jr			
		<del></del>	Name of Person		
		10091 GULF BOULEVA	RD 403E LLC		
		<del> </del>	Firm/Company		
		13493 Park Blvd			
		Address			
		Seminole, Florida 33776			
		City/State and Zip Code ming.j.lin@gmail.com			
		E-mail address: (	to be used for future annual report noti	fication)	
For furth	er information o	concerning this matter, please c	all:		
Ming Jy	h Lin Jr		727 692-6603 at ()	-	
	Name (	of Person	Area Code Daytim	e Telephone Number	
Enclosed	l is a check for t	he following amount:			
<b>■ \$25</b> .	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 tadditional copy is enclosed)	
	Mailing Addre Registration	Section	<u>Street Address:</u> Registration Se		
	Division of C		Division of Cor		

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee .2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10091 GULF BOULEVARD 403E LLC

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

		City	Zip Code
	Seminole	, Flor	rida <u>33776</u>
<del></del>	-	Enter Florida street address	
New Registered Office Address:	13493 Park Blvd	_	
Name of New Registered Agent:	Ming Jyh Lin Jr	-	
3. If amending the registered agent and/or igent and/or the new registered office addre	registered office addess here:	lress on our records, <u>enter t</u>	he name of the new register
Mailing address MAY BE A POST OFFICE	<u>-</u> -	Seminole, Fr	237+4
Enter new mailing address, if applicable:	-	13493 Park Seminole, F	Blvd
Principal office address MUST BE A STRE	ET ADDRESS)	<del></del>	
Enter new principal offices address, if appl	icable:		<u> </u>
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
A. If amending name, enter the new name	of the limited liabili	y company here:	C1. 1.20
This amendment is submitted to amend the fo	llowing:		
Florida document number L19000107377	·		Ö
The Articles of Organization for this Limited		ere filed on <u>04/19/2019</u>	and assigned

## 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 Rouistered 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:

MCP =	Manager	
MOK -	Manager	
AMRR =	= Authorized Member	
Amin	- Addiorized Member	

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

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	**************************************
f an effective Note: If the	ate, if other than the date of filing:
document's	effective date on the Department of State's records.
record spe d is tiled.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Aug Dated	ust 15 2020
<i></i>	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
-	Signature of a member of authorized representative of a member
,	Ming Jyh Lin Jr
- -	Typed or printed name of signee

Filing Fee: \$25.00