L14000129678

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name	*)
(Do	ocument Number)	
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C. GOLDEN JUL 1 1 2019

COVER LETTER

Division of Co	rporations		
CEWIN L	LC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUNG HSIN PENG		
		Name of Person	
	CEWIN LLC		
		Firm/Company	
	1154 STALLION DR.		
		Address	·
	LOXAHATCHEE, FL 33-	170	
		City/State and Zip Code	
	junghsin29@hotmail.com		
	E-mail address: (to be used for future annual report notal	ication)
For further information of	oncerning this matter, please c	all:	
JUNG HSIN PENG		954 2264790	
N	Ch	at () Area Code Daytime	
Name o	if Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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)

MAILING ADDRESS:

TO:

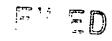
Registration Section

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

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



2019 世紀 27 PM 3:56

CEWIN LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 1.19000129678	oility Company were filed on MAY 13 2019 and assigned and assigned
This amendment is submitted to amend the follow	/ing;
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Lamited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	de:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the never address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	Florida
	City Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 Registered Agent, Signature of New Registered Agent

MGR = MAMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHAIO HSIEN WU	1154 STALLION DR LOXAHATCHEE, FL 33470	□ Add
			■ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
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<u>_</u> _			
			□ Remove
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	6/25/19			
Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	e specific and cannot be prior c does not meet the applica	to date of filing or more than	(optional) (90 days after filing.) Pursuant rements, this date will not l	to 605,0207 be listed as
ne record specifies a delayed e The 90th day after the record		t an effective time,	at 12:01 a.m. on the	earlier of
JUNE 25TH	2019			
Dated	 / _	r // •		
	Juna	KIM.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00