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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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JUN 2 1 2019 LALBRITTON

## **COVER LETTER**

TO: Registration S Division of Co			
YIHULLI			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	YIHULLEE		
		Name of Person	<del></del>
	YIHOLLEE, LLC		
	<del></del>	Firm/Company	
	3687 SW 74TH DRIVE		
	<del> </del>	Address	
		City/State and Zip Code	<del></del>
	GAINESVILLE, FL, 32608		
		to be used for future annual report notif	fication)
For further information	concerning this matter, please or		
YIHUI LEE		352 339-9281 at () Area Code Daytim	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for		FI CAS ON PRIO - Pub. C.	□ \$60.00 Filing Fee.
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURI	
	stration Section sion of Corporations	Registration Section Division of Corpor	
P.O.	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Ce	enter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AMENDMENT	
TO ARTICLES OF O O	RGANIZATION	and assigned
YIHUI LEE, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records. lability Company)	By J.
The Articles of Organization for this Limited Liability Company for ida document number <u>L19000137488</u> .	were filed on 5/22/19	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
THUI ASSOCIATES, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C,"
Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	3687 SW 7 Garnesville,	4 th Dr. FL 32608
	·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	<u> </u>	enter the name of the nev
	Enter Florida street address	
	. Flor	ida
-	City	Zin Code

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDY HO	3687 SW 74TH DR, GAINESVILLE, FL 32608	
			■ Remove
			Change
AMBR ANDY I	ANDY HO	3687 SW 74TH DR, GAINESVILLE, FL 32608	<b>=</b> Add
		<del></del> .	☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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If an eff Note:	ive date, if other than the date of filing: June 01, 2019 fective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable standard's effective date on the Department of State's records.	(optional)  filling or more than 90 days after filing.) Pursuant to 605.0207 autory filling requirements, this date will not be listed as (
	cord specifies a delayed effective date, but not an ele e 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of
Dated	JUNE 01 2019	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00