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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: TYQ	Siit LLC Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Ange	Plais caliate Name of Person	<del></del>
	Transi	Firm/Company	
	9455 103rd	St Apt 1427	
	Jacksonvill	Le Fl 32210 City/State and Zip Code	
	Pepite 50 1:-mail address: (1	90 1000 COM	cation)
For further information c	oncerning this matter, please ca	ıli:	
Wilbers of	Cali Xte	at (467) 721 · (	Telephone Number
Enclosed is a check for the	ne 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:

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**

(Name of the Limited Liability C (A Florida Lin		
The Articles of Organization for this Limited Liability Comp	pany were filed on Ju	1705,7019 and assigned
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 190017443</u>	2	\ ' (=====
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	:
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>S</u>	7
		Sec P TT
		m. J
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		170
<del></del>		
	<u> </u>	
B. If amending the registered agent and/or registere	ed office address on o	our records, enter the name of the
registered agent and/or the new registered office address	<u>here</u> :	
Name of China Basiness LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	·	, Florida
New Registered Agent's Signature, if changing Registered Ag	City	Zip Code

## 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wilbens Calixte	9455 loard st Apt 1427	<b>_\</b> Add
		Jacksonville, FL 32210	Remove
			Change
AMBR	Angelais calixte	9455 103 vd St APt 1427	
		Jacksonville, FL 32210	Remove
			<b>M</b> Change
<del></del>			
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ffective	date, if other than the d	ate of filing:			(ontional)	
ote: 11	date, if other than the dive date is listed, the date must be the date inserted in this block is effective date on the Dep	k does not meet the	e applicable statute	ling or more than 90 day ory filling requirement	s after filing.) Pursuant to s, this date will not be	605.0207 listed as
recor The 9	od specifies a delayed $\epsilon$ Oth day after the recor	effective date, led is filed.	but not an effe	ctive time, at 12	:01 a.m. on the ea	ırlier of
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		N		sentative of a member		
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Filing Fee: \$25.00