## L19000188473

(Requestor's Name)
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C Kinsey

## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations <sup>†</sup>		
SUBJECT:	Leggo my	Eggroll LLC	
The enclosed Articles of .	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tim	othee Xtong Name of Person	
	<u>leggo</u> i	My toggroll LLC	<u>.                                    </u>
	ISIIO Veru	Ma Ave Art B Address	
	Clearwater	FL 33760 City/State and Zip Code  Yahoo Com o be used for future annual report not	
	TX10nga	Yahoo Com o be used for future annual report not	tication)
For further information co	oncerning this matter, please ca		
Timothee Name of	Yrong Person	at ( <u>727</u> ) <u>331 ~</u> Area Code Daytin	5 448 ne Telephone Number
Enclosed is a check for th	e 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 Con (A Florida Limite	11 LLC	1.	
(Name of the Limited Liability Con (A Florida Limite	ipany as it now appe ed Liability Company)	<u>ars on our records.)</u> )	)
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on _	7/23/19	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company l	<u>ıere</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the	designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	,		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address o	n our records.	enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	<del></del>		
	Enter Fl	orida street address	
	City	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agen	•		<i>Σι</i> ρ Coae
	<u></u>		

If Changing Registered Agent, Signature of New Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GOE YANG	15110 verona Ave Apt 13	<b>X</b> Add
		Olearwater FL 33760	Remove
		<del></del>	Change
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_	<u>Change</u>	bffective	date	10/18/19	to	date	of a	filing	
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(If an eff <u>Note:</u>	ective date is listed, If the date inserte	r than the date of the date must be speci d in this block does te on the Departmen	fic and cannot not meet the	e applicable statutor	ng or mor y filing	e than 90 day	(optional is after filin its, this dat	g.) Pursuant to 605	.0207 (3 ed as th
the rec b) The	ord specifies a 90th day afte	a delayed effect r the record is f	ive date, t iled.	out not an effec	tive tir	ne, at 12	:01 a.m	. on the earlie	er of:
Dated <sub>.</sub>	August	16th		2019	· <del>-</del> · ·		_		
	•			or authorized represe		a member			
		Lın	10Thee	XIONA or printed name of sig	nce	<u> </u>			

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Filing Fee: \$25.00