

5/1/24, 1:05 PM

Division of Corporations

L19000234746

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAW OFFICES TONY POMPRINYA
Account Number : I20010000164
Phone : (305)893-8989
Fax Number : (305)891-7717

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEA CLOVER LLC

| | |
|-----------------------|---------|
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| Page Count | 04 |
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K. SALY

MAY - 2 2024

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEA CLOVER LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Pomprinya
Name of Person
Law Office of Tony Pomprinya
Firm/Company
1555 NE 123 Street
Address
North Miami FL 33161
City/State and Zip Code
nvc@miamidadelaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Pomprinya at (**305**) **893-8989**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEA CLOVER LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 09/17/2019 and assigned Florida document number L19000234746

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 designation "LLC" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: LI, SHI

New Registered Office Address: 7480 W Colonial Dr Enter Florida street address

Orlando, Florida 32818 City Zip Code

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.

Signature: Shi Li (May 1, 2024 12:02 EDT)

If Changing Registered Agent, Signature of New Registered Agent

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------------------|--------------------------------------------|
| MGR | CHEN, RIHUA | 166 BELLA VISTA WAY | <input type="checkbox"/> Add |
| | | ROYAL PALM BEACH, FL 33411 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CHEN, RIHUA | 166 BELLA VISTA WAY | <input type="checkbox"/> Add |
| | | ROYAL PALM BEACH, FL 33411 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LI, LIN HAI | 166 BELLA VISTA WAY | <input type="checkbox"/> Add |
| | | ROYAL PALM BEACH, FL 33411 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | LI, SHI | 7480 W Colonial Dr | <input checked="" type="checkbox"/> Add |
| | | Orlando, FL 32818 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LI, SHI | 7480 W Colonial Dr | <input checked="" type="checkbox"/> Add |
| | | Orlando FL 32818 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary)

E. Effective date if other than the date of filing: _____ (optional)
 If an effective date is filed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing presented to the clerk. When the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

F. If the record specifies a delayed effective date, but not an effective time, set (24) hours on the parties (if (b)). The 24th day after the record is filed.

Chen Ruhua
 CHEN RUHUA

Filing Fee: \$25.00

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 TALLAHASSEE, FLORIDA
 MAY 1 2024 11:44 AM

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