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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

## TO: Registration Section Division of Corporations

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SUBJECT:	SUN CITY	ARCADELLC		
SUDJEV 1	<u> </u>	Name of Limi	ted Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		DAVID CHEN		
			Name of Person	
		CK SEA CO LLC		
		····	Firm/Company	
		15 DIVISION STREET, 2	FL.	
			Address	
		NEW YORK, NY 10002		
			City/State and Zip Code	
		ckseacpa@gmail.com		
			to be used for future annual report not	(1)201081
For further i	nformation c	oncerning this matter, please c	ull:	
DAVID CI	HEN		212 966-7199 at ( )	
<b></b>	Name o	f Person	at () Area Code — Daytin	ne Telephone Number
Enclosed is	a check for t	he following amount:		
⊡ \$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	<u>iiling Addres</u> gistration ( vision of C O. Box 631 (Ilahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303



ARTICLES OF A	AMENDMENT
ARTICLES OF O O	F Street
0	
SUN CITY ARCADE LLC	o i
t <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny ay it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000274044</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u> SUN CITY 5G LLC	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	15 DIVISION STREET, 2FL
(Mailing address MAY BE A POST OFFICE BOX)	NEW YORK , NY 10002
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

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Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager

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AMBR =	Authorized	Member
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<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗆 Add
		<u></u>	
			Change
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	Page 2 of 3
ng any other inf	ormation, enter change(s) here: Attach additional sheets, it necessary.)
<del></del>	

D. If am

\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

DEC 31 Dated	2019	
In a	na Lt.	
	Signature of a member or authorized representative of a member	
LIN, JINQUAN		
	Typed or printed name of signee	

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Filing Fee: \$25.00