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(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section
Division of Corporations

TO:

CAJUN BO	OIL BRICKELL LLC	- ,	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TINGJUN LEI		
		Name of Person	
		Firm/Company	
	321 SW 87TH PATH		
		Address	
	MIAMI, FL 33174		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
TINGJUN LEI		786 683-5367	
Name of Person		Area Code Daytin	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Se Division of Con The Centre of 7	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on NOVEMBER 12, 2019 lorida document number L19000282282		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:		2019) Succession
(Principal office address MUST BE A STREET ADDR	RESS)	H H
Enter new mailing address, if applicable:		9
Mailing address MAY BE A POST OFFICE BOX)		ြ _{က်} မ
B. If amending the registered agent and/or registered	d office address on our records, <u>enter the n</u>	name of the new registe
ngent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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

CATUN BOIL BRICKELL LLC

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 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
AMBR	TINGJUN LEI	321 SW 87TH PATH	□Add
		MIAMI, FI. 33174	■Remove
			□Change
AMBR	YU BI	321 SW 87TH PATH	≣∧dd
		MIAMI, FL 33174	□Remove
			□Change
			□Add
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ffective date, if other than the date must be ote: If the date inserted in this bloom	be specific and cannot be ik does not meet the	applicable statutor	ig or more than 90 day		
ocument's effective date on the Dep	artment of State's re-	cords.			
record specifies a delayed effective a is filed.	late, but not an effec	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th day	y after the
nted	2019	·			
	ignature of a member o	0	ntative of a mank		

ET CALL