

L2000000 7018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

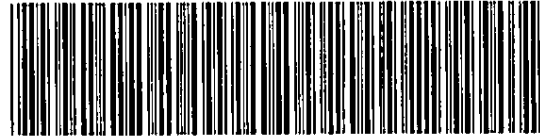
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FEB 24 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Financial Academy, 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:

Kim Wang
Name of Person

Wang WeaHh, LLC
Firm/Company

2012 Crossvine Lane
Address

Casselberry, FL 32707
City/State and Zip Code

floridafinancialacademy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Wang at (321) 276-3547
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

The Articles of Organization for this Limited Liability Company were filed on 12/30/2019 and assigned Florida document number L20000007018.

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nguyen, Hercules	13820 Boros St.	<input type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Trieu, Tuan	7614 St. Stephens Ct.	<input type="checkbox"/> Add
		Orlando, FL 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Parreno, Benjamin	8647 Randal Park	<input type="checkbox"/> Add
		Orlando, FL 32832	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Libarnus, Clint	315 Ridgemoor Loop	<input type="checkbox"/> Add
		Davenport, FL 33897	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KAWZ Services, LLC	7842 Canyon Lake Cir.	<input type="checkbox"/> Add
		Orlando, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Winnie Tam, LLC	7842 Canyon Lake Cir.	<input checked="" type="checkbox"/> Add
		Orlando, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We are amending to change the title of all managers to Authorized member for the exception of Cindy Tran, who will remain as Manager.

We are also adding Kim Wang as a Manager. Remove KAWZ Services, LLC. Add Winnie Tam, LLC as a Authorized Member.

Please remove provisions of Article III.

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.

Dated 1/24 /, 2020.

Kim Wang
Signature of a member or authorized representative of a member

Kim Wang
Typed or printed name of signee