

L20000022597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

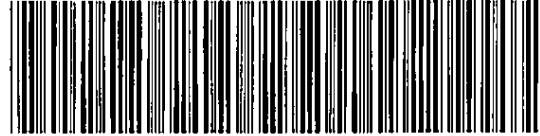
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1/14/22

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT : 120210000160 AMOUNT:

Authorized Signature: 

Ping An Financial Services, PTE, LLC

L20000022597

Business Name

Document Number

☐ Certified copy of articles of incorporation

☐ Certificate of Status

☐ Pick up time

☐ Will wait

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ CONVERSION

☐ CORP

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A.

Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Correction

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ()

Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☒ Declaration

☐ Other

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EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PING AN FINANCIAL SERVICES PTE 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:

FRANK SMITH

\_\_\_\_\_  
Name of Person

FMS LAWYER PL

\_\_\_\_\_  
Firm/Company

950 S. PINE ISLAND RD., SUITE A-150, PMB #238803

\_\_\_\_\_  
Address

PLANTATION, FLORIDA 33324

\_\_\_\_\_  
City/State and Zip Code

FRANK.SMITH@FMSLAWYER.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

FRANK SMITH

305 761-3940  
at ( )

\_\_\_\_\_  
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**

PING AN FINANCIAL SERVICES PTE 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 JANUARY 15, 2020 and assigned  
Florida document number 120000022597.

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)**

C/O FMS LAWYER PL

950 S. PINE ISLAND RD., SUITE A-150, PMB #238803

PLANTATION, FLORIDA 33324

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

C/O FMS LAWYER PL

950 S. PINE ISLAND RD., SUITE A-150, PMB #238803

PLANTATION, FLORIDA 33324

**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:

FRANK SMITH

New Registered Office Address:

FMS LAWYER PL, 950 S. PINE ISLAND RD., SUITE A-150, PMB #238803

*Enter Florida street address*

PLANTATION


*City*

Florida 33324

*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>
MGRM	Ping An Financial Services, Ltd. (Ireland)	C/O FMS LAWYER PL	<input checked="" type="checkbox"/> Add
		950 S. PINE ISLAND RD., SUITE A-150, PMB #2388	<input type="checkbox"/> Remove
		PLANTATION, FLORIDA 33324	<input type="checkbox"/> Change
AP	FRANK SMITH, ESQ.	C/O FMS LAWYER PL	<input checked="" type="checkbox"/> Add
		950 S. PINE ISLAND RD., SUITE A-150, PMB #2388	<input type="checkbox"/> Remove
		PLANTATION, FLORIDA 33324	<input type="checkbox"/> Change
MGRM	JAYSON LOPEZ	5354 BAY SIDE DRIVE	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NOTE THAT A FORMAL NOTARIZED DOCUMENT IS SIMULTANEOUSLY BEING FILED TO ENSURE  
NO MORE IMPROPER CHANGES ARE MADE

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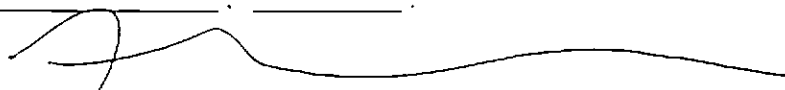
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 JANUARY 12, 2022



Signature of a member or authorized representative of a member

FRANK SMITH, AUTHORIZED PARTY

Typed or printed name of signee