LZO 000107926

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Mery of	John (

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2020 11.1 11.7:51

Amend

MAY 2 8 2020 I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

Name of Limited Liability Company fee(s) are submitted for filing. ng this matter to the following:	
ng this matter to the following:	
Name of Person	
tnam	
Firm/Company	
n Place	
Address	
FL 33993	
City/State and Zip Code	
mail address: (to be used for future annual report notification)	
atter, please call:	
954 790-1729 at ()	<u>.</u>
Area Code Daytime Telephone Number	
unt:	
e of Status Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &
Street Address: Registration Section Division of Corporations The Centre of Tallahassee	10
	Name of Person tnam Firm/Company Place Address FL 33993 City/State and Zip Code mail address: (to be used for future annual report notification) atter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

and assigned		
<i></i>		
——————————————————————————————————————		
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and assigned		
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e abbreviation "L.L.C."		
UNIT# 11-13		
CAPE CORAL, FL 33990		
CAPE CORAL, FL 33990		
ame of the new registere		
33990		

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.

City

Zip Code

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
MGR	YEN HO	1109 DEL PRADO BLVD. S.	≣Add
		UNIT# 11-13	□Remove
		CAPE CORAL, FL 33990	□Change
AP	VU LE	1109 DEL PRADO BLVD. S.	□Add
		UNIT# 11-13	□ Remove
		CAPE CORAL, FL 33990	= Change
AP	YEN HO	1109 DEL PRADO BLVD. S.	■ Add
		UNIT# 11-13	□Remove
		CAPE CORAL, FL 33990	□Change
		- <u></u>	□Remove
			□ Change
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ective on effective te:	date, if other than the date is listed, the date in this seffective date on the	block does not m	eet the applicabl	date of filing or more statutory filing	e than 90 days aft requirements, t	tional) ter filing.) Pursu his date will no	ant to 605.0207 of be listed as
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cument's ecord spo is filed.	4th of June	tive date, but not		, at 12:01 a.m. or	n the earlier of:	(b) The 90th	day after the
cument's	4th of June	······································	2020 Tila-	, at 12:01 a.m. or		(b) The 90th	day after the

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Filing Fee: \$25.00