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(Re	equestor's Name)	
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☐ PICK-UP	WAIT	MAIL
	usiness Entity Nam	ne)
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Division of Corpo	rations		
SUBJECT:	PORDER Name of Limit	COL, LLC ted Liability Company	
	mendment and fee(s) are subm		
Please return all correspond	ence concerning this matter t	o the following:	
	You Shi	Name of Person	
	windy Hill	Eirm/Company	
		ly Park Rd Address	
	Apopka, F	City/State and Zip Code	
	Pordercolsys E-mail address: (to	City/State and Zip Code for a yahoo. 194 o be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	II:	
Eugene Name of P	<u>Um</u>	at (407) 222 Area Code Daytime	6487 e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee \$25.00 Filing Fee	S30.00 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:	ction	Street Address:	ation

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

FILED

PORDER	COL,	Lic	202	20 DEC 28	PM 1:47
(Name of the Limited Liab (A Flori	ility Compa da Limited l	ny as it now appe Liability Company		101 f 5HD3	55cm + 1 1 1
The Articles of Organization for this Limited Liability Florida document number <u>L 2000 34-86</u>	Company	were filed on _	11 -3	-202	and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liab	ility company l	<u>nere</u> :		
The new name must be distinguishable and contain the words "L	mited Liabi	lity Company," the	designation "L	.LC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADL	ORESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here		address on our	records, <u>ent</u>	er the name	of the new registere
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Fl	orida street ada	tress	
		City	·	Florida	Zip Code
					- About state

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Angela H. Um	1033 spinning wheel Dr.	□Add
	·	Apopka FL 32712	⊠ Remove
			□Change
AMBR	Julia H. Um	1033 spruning wheel Dr	□Add
		Apoplea, FL 32712	Remove
			□Change
Mark	400 S. Um	1033 sprinning wheel Dr	🗆 Add
		Apopka, FL 327/2	PRemove
			□ Change
MGCA	Myong H. Um	1033 sprunny wheel Dr	□Add
		Apopka Fe 327/2	⊠ Remove
			□Change
AMBR	You S. Um	1833 sprunny wheel Dr	&Add
		Apoplea FL 32712	□Remove
			□Change
AMBR	Myong H. Um	1033 spinning wheel Dr.	[X Add
		Apoplea FL 32712	□ Remove
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f an eff	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor	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

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