## 121000097924

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. MATTHEWS

DEC - 3 2021

November 9, 2021

KAI DENG 8388 S TAMIAMI TRAIL, STE 66 SARASOTA, FL 34238

SUBJECT: 11025 STONE BRANCH LLC

Ref. Number: L21000097924

We have received your document for 11025 STONE BRANCH LLC and your check(s) totaling S52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

**Division of Corporations** 

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00027222

Tekayla T Matthews OPS

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section

Division of Corporations					
SURJECT: 110.2	.5 Stone Bra	nch W.C.			
SUBJECTTTO =		mited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.			
Please return all correspo	ndence concerning this matter	r to the following:			
	<u>Kai Der</u>	19			
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
		0 ( 1) 0			
	11,025 Stone	Branch LLC Firm/Company			
		Firm/Company			
	8388 S Tan	niami Troul, Sti	e 66		
		Address			
		C: 0453D			
	Savasota,	FL 34238 City/State and Zip Code Chotmail. com	<del></del>		
	hi hanker	City/State and Zip Code			
	E-mail address:	(to be used for future annual report not	ification		
Frankrich ist er eine		·	THE WHOLLY		
For further information co	oncerning this matter, please e	rall:			
Qu cl	nen	at ( <u>813</u> ) 316 -	8258		
Name of	Person	Area Code Daytin	ne Telephone Number		
final need is a chack for the	a fallowing amount				
Enclosed is a check for th		<b>_</b> .			
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Ceptificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &		
paid #52.50	Cejunear of States	(additional copy is enclosed)	Certified Copy		
			(additional copy is enclosed)		
NT.:: E	_	5			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Co		Division of Corporations			
P.O. Box 632	7	The Centre of T	l'allahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

						· '	
	11025		Branch		_	21 RCV 3" F	1, 2: 26
		( <u>Name of th</u>	e Limited Liability (A Florida	Compan Limited Li	y as it now app ability Compan	oears on our records.) (y)	
			ited Liability Ce	mpany v 	vere filed on	03101/2021	and assigned
This amendme	ent is submitte	ed to amend th	ne following:				
A. If amendi	ng name, <u>ent</u>	er the new na	ame of the limit	ed liabil	ity company	here:	
The new name m	ust be distinguis	shable and conta	in the words "Limit	ed Liabilit	y Company,՝՝ ւ	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new pr	incipal office	s address, if	applicable:		8388	S Tamian	i Trail Ste 6
(Principal off	ice address <u>M</u>	UST(BE A S	TREET ADDRI	ESS)	Saras	sota, FL 34	1238
Enter new ma						S Tamiami ota, FL34	Trail, Ste66 238
B. If amendii agent and/or				office ad	dress on ou	r records, enter the n	ame of the new registered
<u>Nam</u>	e of New Reg	istered Agent	<u> </u>	<u>u (</u>	Chen		<u> </u>
<u>New</u>	Registered O	ffice Address	83	88 2		niami Trui	1, Ste 66
			_Sc	ras		, Florida	34238

## 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

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address 21 NCV 30 PH 2: 26	Type of Action
MGR	Kai Deng	301 W Platt Street, Ste 35	<mark>8</mark> □Add
		Tampa, FL 33606	<b>K</b> Remove
			□ Change
AMBR	Kai Deng	301 W Platt Street, Ste3	
		Tampa, FL 33606	ORemove
		· · · · · · · · · · · · · · · · · · ·	□Change
MGR	au Chien	8388 5 Tamiami Trail, Ste	66 WAdd
		Sarasota, FL 34238	□Remove
			□ Change
AMBR	Qu Chen	8388 S Tamiami Trail, Ste 60	(WAdd
		Sarasota, FL 34238	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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	21 R. C. C.
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fective date, if o	other than the date of filing: 11]15   2021 (optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020
	sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020 serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cument's effective	e date on the Department of State's records.
ecord specifies a o	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
nted	5 2021
	+1:00
	Da Go Fre ver
	Signature of a member of authorized representative of a member
	Kai Deng