

121000097924

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUL 18 AM 8:35

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11025 Stone Branch LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAI DENG

Name of Person

11025 Stone Branch LLC

Firm/Company

2606 S MILLER ROAD

Address

VALRICO, FL 33596

City State and Zip Code

bj_banker@hotmail.com

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

For further information concerning this matter, please call:

KAI DENG

858

888-2576

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**

FILED

2022 JUL 18 AM 8:35

**SECRETARY OF STATE
TALLAHASSEE, FL**

11025 Stone Branch 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 2/28/2021 and assigned
Florida document number L21000097924.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2606 S MILLER ROAD

VALRICO, FL 33596

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2606 S MILLER ROAD

VALRICO, FL 33596

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:

KAI DENG

New Registered Office Address:

2606 S MILLER ROAD

Enter Florida street address

VALRICO

City

Florida 33596

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>
MGR	Qu Chen	8388 S Tamiami Trail, Ste 66	<input type="checkbox"/> Add
		Sarasota, FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kai Deng	2606 S MILLER ROAD	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Qu Chen	8388 S Tamiami Trail, Ste 66	<input type="checkbox"/> Add
		Sarasota, FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kai Deng	2606 S MILLER ROAD	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33596	<input 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

2022 JUL 18 AM 8:35
SECURITY STAFF
TALLAHASSEE, FL

2022 JUL 18 AM 8:35
SECURITY
TALLAHASSEE, FL

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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.

Dated 7/7, 2022

Chloe

Signature of a member or authorized representative of a member

[Handwritten signature]

Qu Chen

Kai Deng

Typed or printed name of signee