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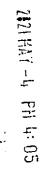
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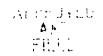
TO:	Registration Division of C				*11:7:	P ₇ (
C110 112		WONG FIVE LLC			**************************************	
SUBJE	.C1;	Name of Lim	nited Liability Company	2821	fAY -4	2월 4: 05
The end	closed Articles	of Amendment and fee(s) are sub	omitted for filing.	٠.	<i>:</i> ·	۵ `
Please i	return all corres	pondence concerning this matter	to the following:			
		SUZANNE WILSON-WO	DNG			
			Name of Person	 	_	
		WONG FIVE LLC				
			Firm/Company	••	_	
		140 NE 27 AVE				
			Address	. '	_	
		HOMESTEAD FL 33033				
		SWILSONWONG@GMA	City/State and Zip Code IL.COM		_	
			to be used for future annual report noti	fication)		
For fur	ther information	n concerning this matter, please c	all:			
SUZANNE WILSON-WONG			786 300-9369			
	Name	e of Person		e Telephone Numbe	er	
Enclose	ed is a check for	the following amount:				
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stati	

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 ARTICLES OF ORGANIZATION OF



WONG FIVE LLC

2821 HAY -4 PH 4: 05

(Name of the Limited Liab (A Flori	ility Company as it now appears on our reco ida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L21000120819	Company were filed on 3/15/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ABCCC)	
Enter new mailing address, if annlicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
•••	red office address on our records, ente	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	red office address on our records, ente	
(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	red office address on our records, <u>ento</u> :	er the name of the new reg
(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: Name of New Registered Agent:	red office address on our records, ente	er the name of the new reg
(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: Name of New Registered Agent:	ed office address on our records, <u>ento</u> : Enter Florida street addr	er the name of the new reg

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>	Address	Type of Action
MGR	Robbert Gaarlandt	2698 Danielle Drive	≡ Add
		Oviedo, FL 32765	
			DChange
			□Add
			□Remove
			Change
			□Add
			Remove
 -			□Add
			□Remove
·			
			□Remove
			□Change
_ _			□Add
			□Remove

Oct.....

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 April 30 2021 Signature of a member or authorized representative of a member

Typed or printed name of signee

Suzanne Wilson-Wong