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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wing S Tan, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shantria Brown Name of Person
hoving Istan, Itc
20447 NW 28th Court, Miami FT 33056
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Shanovia Brown at (954) 504 1038 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: 1 \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$100 Filing Fee, Certified Copy (additional copy is enclosed)} \$\Bigcup \$10
<u>Mailing Address:</u> Registration Section Street Address: Registration Section

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

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

LUVIAG	1s dan LLC
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	
This amendment is submitted to amend the following	g:
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 "L.L.C."
Enter new principal offices address, if applicable:	: <u> </u>
(Principal office address MUST BE A STREET AD	DDRESS) ACC S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Musing address WAT DE ATOST OF THE DOA)	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, enter the name of the new registere re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Ì

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>	and 1 nw 28th Court	Type of Action
Mar.	Shanovia Down	Address 20447 NW 28th Court Miami, Fl. 33056	NAdd
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). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effec	e date, if other than the date of filing:	
he record ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a l.	fter the
Dated	Signature of a member or authorized representative of a member	
	signature of a memoer of authorized representative of a memoer	
	Shanovia Linus Typed or printed name of signee	