## h21000251156

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co				
1967 BWI				
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	SUEN SUEN WONG			
		Name of Person		
	ACCUCAL ACCOUNTIN	NG SERVICES INC		
		Firm/Company	, <u>, , , , , , , , , , , , , , , , , , </u>	
	PO BOX 520945			
		Address		
	FLUSHING, NY 11352			
		City/State and Zip Code		
	E-mail address: (	to be used for future annual	report notification)	
For further information c	concerning this matter, please co	all:		
VICKI WONG			2-4268	
Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl	Certificate o	f Status & py
<u>Mailing Addres</u>		Street Ad	ldress:	
Registration S	Section	Registra	tion Section	
Division of C P.O. Box 632			of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1967 BWB LI	.C
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
he Articles of Organization for this Limited Liability Company were t	iled on 05/28/2021 and assigned
lorida document number 1.21000251156	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability co	ompany here:
ne new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "LLC" or the abbreviation "LLC."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
	- 124
If amending the registered agent and/or registered office address	· · · · · · · · · · · · · · · · · · ·
ent and/or the new registered office address here:	्राप्त का किन्तु के किन्तु के किन्तु के किन्तु के
Name of New Registered Agent:	
New Registered Office Address:	
ises registered Office Aduless.	Enter Florida street address
	Florida
Cit	

## 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
AMBR	JIE YANG	1967 BIRNHAM WOOD BEND	<b>≣</b> Add
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ective date, if other than the dat effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depar	specific and cannot be prior to date of does not meet the applicable sta	of filing or more than 90 days a	otional) fler filing.) Pursuant to 605 this date will not be list
cord specifies a delayed effective da filed.	te, but not an effective time, at !	2:01 a.m. on the earlier of:	(b) The 90th day after
rd IOFA I	2021		
$\mathcal{O}$	Mont Tent los		
	patitre of a member or authorized re		

Filing Fee: \$25.00