## K21000264028

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T. MATTHEWS
JUL 20 2022

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Zuligen LL	C	
SUBJECT.	Juligen LL Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Tames	H. Huang	
		Name of Person	<del></del>
	2yl	1 gen LLC Firm/Company	
	(	, Time company	
	10340 P.On	nin2Sula place	
		Address	
	parkland.	FL 33076 City/State and Zip Code	
	<del>//</del>	City/State and Zip Code	
	JamesHHuan	A W 9 mail who code to be used for future annual report notif	
	E-mail address: (	to be fised for future annual report notif	ication)
For further information co	oncerning this matter, please co		
Jame	25 Huang	at (954) 649 - 0 Area Code Daytime	0889
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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 S		Street Address: Registration Sec	etion
Division of Co		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RTICLES OF ORGANIZATION FILED SECRETARY OF STATE OF STATE

Zylige	n LLC		1AY 20 PM 12	2: 17
(Name of the Limited	Liability Compai Florida Limited L	ny as it now appears on our liability Company)	r records.)	
The Articles of Organization for this Limited Liab	oility Company 84028	were filed on <u>June</u>	07, 202,	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation	on "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable in the international office address MUST BE A STREET		10340 f parkland	EL330	glace 76
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE Bo	<u>ox)</u>	10340 P park Damo	enirsula 1 FL3:	place 3076
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records	, enter the nan	ne of the new registered
Name of New Registered Agent:	Ja	Peninsula p Enter Florida street	7	
New Registered Office Address:	10340	Permisula P Enter Florida stree	lace et address	
	Parklo	ind	, Florida	33076
		City		Zıp 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 t	itle, name	e, and	address	of each	person	being	added
or removed from our records:								

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	James H. Huang	10340 pomisula place parkland, FL33076	EAdd
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
<del></del>			□Add
			□Remove
		<del></del>	□Change
<del> </del>			□ Add
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<del></del>	
**********	
	<del></del>
Tan effecti <b>Vote:</b> If t	te, if other than the date of filing:
record sp d is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	May 16, 2022.
	$\langle \mathcal{A} \rangle$
	Signature of a member of authorized representative of a member