## K2166264769

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(2)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
09-14-2	
TW	ı

Office Use Only



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21 SE# -1 FM 3: 23

## **COVER LETTER**

Registration Section Division of Corporations

O:

IBJECT:	Cassidy Ti-	He LLC lited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	<u>Qìu f</u>	ang Yao Name of Person	
		Title LLC Firm'Company	
		Channel Dr, Orland	
	Orlando,	FL 32819 City/State and Zip Code	
		City/State and Zip Code  City/State and Zip Code  to be used for future annual report no	
or further information c	oncerning this matter, please c		,
	2hang t Person	at (407.) 725 Area Code Daytin	ne Telephone Number
nclosed is a check for the			
\$\$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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	orporations
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Limited States of the terminal termin

Casndy Title L	LC	21 SEP - 1 PH 3: 23
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on liability Company)	our records.)
The Articles of Organization for this Limited Liability Company	were filed on06/	107/2021 and assigned
Florida document number <u>L 21000264709</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Patana and the address of small action		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a	address on our recor	de antar the name of the new register
agent and/or the new registered office address here:	iddress on our recor	us, enter the name of the new register
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Enter Florida si	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my	duties, and I am familiar with and

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 = Ma AMBR = Au	nnager ithorized Member	Address 21 SEF -1 PH 3: 23	
<u>Title</u>	<u>Name</u>	Address 21 SEF -1 PH 3: 23	Type of Action
MGR	CHIANG, Alex	7649 Channel Dr	□Add
		Ovlando, FL 32819	<b>⊠</b> Remove
			□Change
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tive date, if other than the date of filing:	: (optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed as
nent's effective date on the Department of Sta	ate's records.
rd specifies a delayed effective date, but not a	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
īled.	
08/26/2021	2021
<b>\</b> .	
08/26/2021	yws
Signature of a m	ember or authorized representative of a member

Filing Fee: \$25.00