

7/5/24, 12:54 PM

Division of Corporations

L21000369929

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000229728 3)))



H240002297283ABC3

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA  
Account Number : I20010000164  
Phone : (305)893-8989  
Fax Number : (305)891-7717

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: NVC@miamidadelaw.net

RECEIVED  
2024 JUL -8 AM 8:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2024 JUL -8 AM 4:06  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AMERICAN HANCOCK LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL - 9 2024

((H24000229728 3)))

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERICAN HANCOCK LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Pornprinya, Esq.  
Name of Person  
Law Office of Tony Pornprinya  
Firm/Company  
1555 NE 123 Street  
Address  
North Miami FL 33161  
City/State and Zip Code  
NVC@miamidadelaw.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Pornprinya at ( 305 ) 893-8989  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

((H24000229728 3)))

(((H24000229728 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**AMERICAN HANCOCK LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2024 JUL -8 AM 4:08  
CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/17/2021 and assigned  
Florida document number L21000369929.

This amendment is submitted to amend the following:

**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 "LLC."

Enter new principal offices address, if applicable: \_\_\_\_\_

**(Principal office address MUST BE A STREET ADDRESS)** \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address MAY BE A POST OFFICE BOX)** \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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:**

*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

(((H24000229728 3)))

(((H24000229728 3)))  
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>YANG, XIN</u>	<u>5846 S FLAMINGO ROAD #306</u>	<input type="checkbox"/> Add
		<u>COOPER CITY, FL 33330</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>LIU, YIXIN</u>	<u>5846 S FLAMINGO ROAD #306</u>	<input type="checkbox"/> Add
		<u>COOPER CITY, FL 33330</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>AMERICAN HANTEL LLC</u>	<u>5846 S FLAMINGO ROAD #306</u>	<input checked="" type="checkbox"/> Add
		<u>COOPER CITY, FL 33330</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

FILED  
2024 JUL -8 AM 4:06  
TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT

