

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.

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

From:  
Account Name : LAW OFFICES TONY PORNPRIYA  
Account Number : 120010000164  
Phone : (305)893-8980  
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@Miamiadelaw.net

RECEIVED  
2024 OCT 23 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Certificate of Status	0
Certified Copy	0
Page Count	04
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AMSR 3AM 10/23/24

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX  
Help OCT 23 2024

5846 S FLAMINGO  
#306

To: 6008 Page: 2 of 7

2024-10-23 17:10:07 GMT

13058917717

From: Law Offices Tony Pornprinya



October 21, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AMERICAN HANCOCK LLC  
5846 S FLAMINGO ROAD  
#306  
COOPER CITY, FL 33330US

SUBJECT: AMERICAN HANCOCK LLC  
REF: L21000369929

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please have a manager or authorized representative sign the last page of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H24000349316  
Letter Number: 424A00023152

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERICAN HANCOCK 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:

Tony Pornprinya, Esq.

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@Miamiadelaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Pornprinya

Name of Person

at ( 305 )

Area Code

893-8989

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

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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)

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:

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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:

(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:

Tony Pornprinya

New Registered Office Address:

1555 NE 123 Street

Enter Florida street address

North Miami

City

Florida

33161

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.*

P. Pornprinya

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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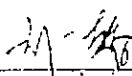
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 23, 2024



\_\_\_\_\_  
Signature of a member or authorized representative of a member

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Liu, Yixin

\_\_\_\_\_  
Typed or printed name of signee

If sending a

If sending a

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Filing Fee: \$25.00