## 121000432319

		· <u></u>
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
Special instructions to r	ining Officer.	

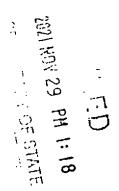
Office Use Only

A. RIVERS DEC 1 4 2021



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## **COVER LETTER**

	distration Sec		•		
SUBJECT:	SHOWUS L	rc			
		Name of Limi	ted Liability Company		
The enclosed	<b>1 Article</b> s of A	mendment and fee(s) are sub	nitted for filing.		dere der FFF 1813 - Lei Lau de Lebens - Versen de Francisco.
Please return	all correspon	dence concerning this matter t	to the following:		
			SHUANG ZHENG		
			Name of Person	· ·	17、14
			SHOWUS LLC		
			Firm/Company		4 43.40
•			1041 BURNETT ST		
			Address		, <b>, , , ,</b>
		C	OVIEDO, FLORIDA 32765		
			City/State and Zip Code		
			showusllc@gmail.com		
		E-mail address; (t	o be used for future annual report notif	ication)	
For further in	nformation co	ncerning this matter, please ca	H:		
SHUANG Z	THENG		408 901-9688		
	Name of	Person		: Telephone Number	•
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of St Certified Copy	

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

sahv se it now annears on	our records		دا که مر <u>ده.</u> زمستان وجود دو	4-16-55 C
Liability Company)	V41 (44-7)	. <del></del>	<u> </u>	<u>-479 (74) 3</u>
y were filed on OCTO	BER 01,2021	and	l assigne	:d
bility company here:				
bility Company," the design	nation "LLC" or the al	breviation	1 "L.L.C.	•••
NONE				
				Lyus (
			Total S	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
address on our recor	ds, <u>enter the nan</u>	ne of the	new re	<u>elster</u>
		i Ti	202	**
		<u>n</u>	<u> </u>	
BURNETT ST.			150 N	<u></u>
Enter Florida s	reet address	- <u>.</u> f	- <del>'</del>	ř TF
OVIEDO	, Florida	3276	55 CZŽ	
City		<i>210</i> 10	odहरू	111
	bility company here: bility Company," the design NONE  BURNETT ST.  Enter Florida s OVIEDO	NONE  Readdress on our records, enter the name of the state of the sta	bility company here:  bility Company the designation "LLC" or the abbreviation  NONE  BURNETT ST.  Enter Florida street address  OVIEDO , Florida 3276	and assigned thillity company here:    Dility Company here:   Dility Company here:

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 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>	Name	Address	Type of Action
AMBR	SHUANG ZHENG	1041 BURNETT ST.,OVIEDO,FLORIDA 32765	_ <b>≣</b> Add
			_ □Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ Change
			🗆 Add
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* Jen.			_ DRemove
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			_ UChange
			_ 🗆 Add
			□ Remove
			_ Change

l need	d to modify two pieces	of information	in total:			
one is	s the registered office	address,		<del>.</del> .		
and t	the other is to add the	authorized per	rson.		<del></del>	
Very	grateful for your help.					
		<u>.                                    </u>				
· <del>-</del>	<del></del>					
		<del>.</del>	·	<u>.</u>		
		<u>.</u> .				
•				<u>-</u>		
					~	
				<del> </del>		
	<del></del>		·	**		
n effective ole: If the	ate, if other than the date is listed, the date must date inserted in this blo	be specific and ca ock does not mee	et the applicable			g.) Pursuant to 605.020
cument's	effective date on the De	partment of Stat	te's records.			:
ecord speries filed.	cifies a delayed effective	date, but not ar	n effective time,	at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
ited	November	23,	202/			•
	November	Q~				
-		Signature of a me	mber or authorized	representative of a	nember	

Filing Fee: \$25.00