

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





01/09/23--01035--013 **25.00



COVER LETTER

TO: Registration So Division of Co									
cub icet.	W	endy Donallo							
SUBJECT:	Name of Lin	nited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.							
Please return all correspo	ondence concerning this matter	to the following:							
		Wendy Dong Name of Person							
		Wendy Dong LCC Firm/Company	7023 c						
	2190	Great Sapphire C	· · · · · · · · · · · · · · · · · · ·						
		+z, FL 33558 City/State and Zip Code	100 SELL COM						
		City/State and Zip Code tome Sales @gmai/. City be used for future andual report notif	LOM B						
For further information of	n-mair address: t concerning this matter, please c		ication)						
Wei	ndy Dong	ar. <u>727</u> , 510-3	3925						
Name o	of Person	Area Code Daytime	Telephone Number						
Enclosed is a check for t	he 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 Addres		Street Address:	tion						
Registration : Division of C		Registration Section Division of Corporations							
P.O. Box 632	•	The Centre of Ta							
Tallahassee,		2415 N. Monroe	Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wendy I	Dong U.C							
(<u>Name of the Limited Liability Cômp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)							
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on 11/22/2021 7640	and assigned						
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited lia	bility company here:							
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation "LLC" or the abb	reviation "L.L.C."						
Enter new principal offices address, if applicable:	> Wendy Dong LCC							
(Principal office address MUST BE A STREET ADDRESS)								
	LUt2, FL 33558							
Enter new mailing address, if applicable:	× wendy Dong LCC							
(Mailing address MAY BE A POST OFFICE BOX)	werdy Doing LCC 2190 Great Sapphire Ln Lutz, FC 33558							
	Lutz, FL 33558							
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the ew registered						
Name of New Registered Agent:	<u> </u>	<u>.</u>						
New Registered Office Address:	Enter Florida street address							
	; Florida	00						
	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 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
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change
			C Add
			, , , , ,
			Remove i
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
		- <u></u>	Change
			□Remove
			□Change

													
													_
					·								_
													_
													_
													_
											Eco	2028	_
											<u></u>	<u> </u>	<u> </u>
											, 	<u>_</u> .	
												À:	
											; ;,,	-: <u>0</u> 0	
	-												
													_
Tective date n effective dat te: If the da cument's eff	e is listed, th ite inserted	e date must b in this bloc	e specific : :k does no	and cannot at meet th	ot be prior he applica	to date of able stat	tiling or	more than		fter filir	ig.) Pursi		
ecord specifi is filed.							2:01 a.m	. on the c	carlier of	: (b) ·	The 90th	i day at	fter the
ed	16	2/30/	<u>32</u>			_ ·							
		S	1.10.		D								
		S	ignature of	a metribe	er or autho	rized rep	resentativ	e of a me	mber				