

# L220000151685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

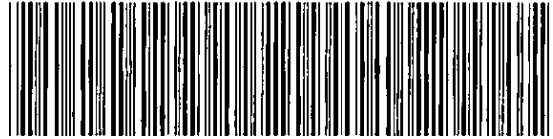
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JUN 28 AM 6:56  
FILED

LAW OFFICES OF  
**BEILLY & STROHSAHL, P.A.**  
1144 SOUTHEAST 3 AVENUE  
FORT LAUDERDALE, FLORIDA 33316

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TELEPHONE: (954) 763-7000  
FACSIMILE: (954) 525-0404

June 26, 2023

Via Federal Express

Florida Division of Corporations  
Attn: Registration Section  
The Centre of Tallahassee  
2415 N. Monroe Street, Ste. 810  
Tallahassee, FL 32303

Re: *Articles of Amendment to Articles of Organization of WH2 Development LLC*

Division of Corporations:

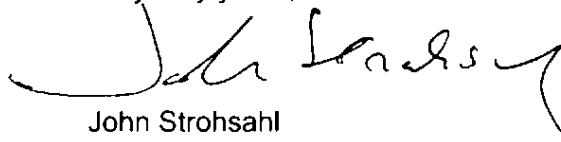
Enclosed herein are the following:

1. Articles of Amendment to Articles of Organization of WH2 Development LLC; and
2. A check in the amount of \$25.00 made payable to "Division of Corporations."

Please file the enclosed *Articles of Amendment to Articles of Organization of WH2 Development LLC* and amend the information on file accordingly.

Please contact me with any questions. My email is [john@beillylaw.com](mailto:john@beillylaw.com).

Very truly yours,



John Strohsahl

cc: WH2 Development LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WH2 DEVELOPMENT 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:

JOHN STROHSAHL, ESQ.  
Name of Person  
BEILLY & STROHSAHL, PA  
Firm/Company  
1144 SE 3RD AVE.  
Address  
FORT LAUDERDALE, FL 33316  
City/State and Zip Code  
jeffzeng2009@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN STROHSAHL, ESQ. 954 763 7000  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2023 JUN 28 AM 6:56

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

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 "L.L.C."

**Enter new principal offices address, if applicable:**

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

43 S POWERLINE RD #103

Pompano Beach, FL 33069

**Enter new mailing address, if applicable:**

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

43 S POWERLINE RD #103

Pompano Beach, FL 33069

**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

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*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**

**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>
MGR	HONGZHI GUAN	117 SUMMER LILAC	<input checked="" type="checkbox"/> Add
		IRVINE, CA 92620	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YINGQING ZENG	5701 N.W. 88TH AVE., STE. 350	<input type="checkbox"/> Add
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**