L22600)461020

(Requestor's	Name)
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COVER LETTER

	Registration So Division of Co			
eun iez		BLVD LLC		
SUBJEC	.T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		WINNIE NG		
			Name of Person	
		WINNIE NG, CPA P.C.		MEAR 28 PM 3: 02
			Firm/Company	15 8 25 E
		1254 41ST STREET		
			Address	
		BROOKLYN, NY 11218		02 L.
			City/State and Zip Code	
		WINNG88@HOTMAIL.Co	OM to be used for future annual report not	figation \
For furth	er information c	concerning this matter, please of	·	Healtony
WINNII	ENG, CPA		917 837-2802	
	Name o	of Person	at () Area Code Daytin	e Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$25.	00 Fifing 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 Registration : Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5526 PGA BLVD 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 $\underline{\text{OCTOBER}}$ 27, 2022 and assigned Florida document number L22000461020 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Action
AMBR	YAN S SHI		□Add
		20 HIDDEN RIDGE CT, SCARSDALE, NY 10583	\(\exists Remove
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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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 rd is filed. Dated MARCH 15 2023 Signature of a member or authorized representative of a member		· · · · · · · · · · · · · · · · · · ·						
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Signature of a member or authorized representative of a member	MARCH 15 2023							
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Filing Fee: \$25.00