L23000093883

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

478 NE 38 SUBJECT:	RD ST, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CHIUNG J WANG		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	
	10139 W HALLS RIVER	RD	
		Address	
	HOMOSASSA, FL 34448		
		City/State and Zip Code	· · · · · ·
	jennywang168@gmail.com	to be used for future annual report no	titiostian)
For further information (concerning this matter, please c		ancaton)
Aubreigh Hutchison		951 775.2207 at ()	
Name (of Person	Area Code Dayti	me 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 Addre Registration	Section	Street Address: Registration S	
Division of C P.O. Box 633	•	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

478 NE 3RD ST, LLC	
(<u>Name of the Limited Lin</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L23000093883	ty Company were filed on 02/21/2023 and assigned
his amendment is submitted to amend the following	g:
a. If amending name, enter the new name of the	limited liability company here:
N/A	P
he new name must be distinguishable and contain the words "	"Limited Liability Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	· N/A
Principal office addres <u>s MUST BE A STREET AL</u>	• •
Enter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new regist</u> re:
Name of New Registered Agent:	/A
New Registered Office Address:	
	Enter Florida street address
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CHIUNG J WANG	10139 W HALLS RIVER RD	= Add
		HOMOSASSA, FL 34448	□ Remove
			□ Change
			□Remove
			Change
			□Remove
			Change
			□Remove
			Change
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			Remove
			Change
			□Remove
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ee as ta te at		02/21/2023		(.4°1)	
an effective date is liste of the office of the date inse	ner than the date of ed, the date must be speci- rted in this block does date on the Departmen	fic and cannot be prior not meet the application	able statutory filing re		
record specifies a delais filed.	layed effective date, b	ut not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) Th	e 90th day after the
		2023			
March 04			_		
ated March 04	iina - al.	0400			
Pated March 04	ung - Gl	OW 9 e of a member or author	orized representative of a	ı meniber	