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(Requestor's Name)
(Address)
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(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Division of C	Section Corporations			
Eun Hye SUBJECT:	LLC			
	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sub	-		
Please return all corre	spondence concerning this matter	to the following:		
	Esther Lee			
		Name of Person		-
	Eun Hye LLC			_
		Firm/Company		
	2092 Island Circle			7023
		Address		بيدا
	Weston, Florida,33326			
		City/State and Zip Code		
	esther lee leh@gmail.com E-mail address: (to be used for future annual report notif	lication)	့ တ
For further informatio	n concerning this matter, please c	all:		22
Esther Lee		954 2488893		
Nan	e of Person	at () Area Code Daytime	e Telephone Number	r
Enclosed is a check for	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Add</u> Registratio		Street Address: Registration Sec	rtion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eun Hye LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ippears on our records.) Dany)
he Articles of Organization for this Limited Liability Company were filed of	on <u>05/25/2023</u> and assigned
lorida document number 92-3990563	
713000 X 23 4 1 3	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
he new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation; "th.L.C."
nter new principal offices address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	
Principal office address MUST BE A STREET ADDRESS)	. ;
	
	Ģ
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	- μ. ω
. If amending the registered agent and/or registered office address on	our records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street oddress
	Florida

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

Zip Code

• • • • • •

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
MGR	Esther Lee	2092 Island Circle, Weston, Florida, 33326	≡ Add
			□Remove
		.	□Change
			□Add
			□Remove
			□Change
			□Change
			☐Remove
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verflective date is listed, the date rete: If the date inserted in this cument's effective date on the ecord specifies a delayed effects filed. May 26th	Department of State's rec	cords.		The 90th day afte	
n effective date is listed, the date rete: If the date inserted in this nument's effective date on the second specifies a delayed effects filed.	Department of State's rective date, but not an effect $\frac{2023}{6000000000000000000000000000000000000$	cords.	on the earlier of: (b)	The 90th day afte	

Typed or printed name of signee