

731115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

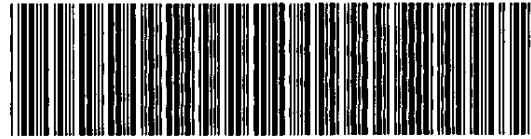
(Business Entity Name)

(Document Number)

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

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*Amend*

FILED  
11 JUN 23 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Th. 6-22*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2011

JOSEPH Y. LEUNG  
JOSEPH Y. LEUNG, CPA  
18999 BISCAYNE BLVD, STE 205  
AVENTURA, FL 33180



**COPY**

SUBJECT: ON LEONG MERCHANT ASSOCIATION, INC.  
Ref. Number: 731115

We have received your document for ON LEONG MERCHANT ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 911A00014500

RECEIVED  
11 JUN 22 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ON LEUNG MERCHANT ASSOCIATION, INC.

**DOCUMENT NUMBER:** 73115

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH Y. LEUNG, CPA  
(Name of Contact Person)

JOSEPH Y LEUNG, P.A.  
(Firm/ Company)

18999 BISCAYNE BLVD, # 205  
(Address)

AVENTURA, FL 33180  
(City/ State and Zip Code)

YIU285028@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH LEUNG at ( 305 ) 933-9515  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
11 JUN 22 PM 3: 56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ON LEONG MERCHANT ASSOCIATION, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

731115

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

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

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>T</u>	<u>WING CHIU, LEE</u>	<u>1750 W. FLAGLER ST</u> <u>MIAMI, FL 33135</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>EDWARD, LOUK</u>	<u>1750 W. FLAGLER ST</u> <u>MIAMI, FL 33135</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T</u>	<u>WAI LIM, LEUNG</u>	<u>1750 W. FLAGLER ST</u> <u>MIAMI, FL 33135</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>S</u>	<u>EDWARD, LOUKE</u>	<u>1750 W. FLAGLER ST</u> <u>MIAMI, FL 33135</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

N/A

The date of each amendment(s) adoption: MAY 23, 2011  
(date of adoption is required)

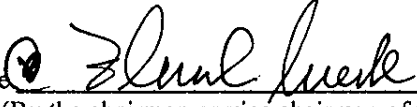
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated MAY 31, 2011

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

EDWARD LOUK  
(Typed or printed name of person signing)

SECRETARY  
(Title of person signing)