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SECRETARY OF STATE
ANASSEE; FLORIDA

S. HAWKES

MAY 7 - 2010

EXAMINER

COVER LETTER

TQ:	Registration S Division of Co			
SUBJE	· ·			
50201			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	oondence concerning this matter	r to the following:	
			CHRISTINE CHEW	
			Name of Person	
CHRISTIN		CHRISTIN	E CHEW & ASSOCIATES	INC
			Firm/Company	
			539 N MILLS AVE	
- -			Address	······································
ORLANDO, FL 32803				
City/State and Zip Code				
For fur	ther information	concerning this matter, please	to be used for future annual report noti call:	fication)
	CHF	RISTINE CHEW	at (407)	894-7259
	Name	of Person		ne Telephone Number
Enclos	ed is a check for	the following amount:		
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		stration Section ion of Corporations Box 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Tenter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAKURA PALM	COAST, LLC	<u></u>	.
(Name of the Limited Liability Compan (A Florida Limited L	i <u>y as it now appear</u> iability Company)	s on our records.)	0
(71 Torida Dillitoa D	idomity Company)	(1)	
The Articles of Organization for this Limited Liability Company	were filed on	10/08/2008	and assigned
Florida document numberL08000095490			10 m
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	liter oo maan koo		KE, FLORIDA
A. If amending name, enter the new name of the minted habi	mty company ner	<u>e</u> .	
N/A			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compa	ny," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:	N/A		
(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 off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	2:	ter Florida street address	s
	City	, 1 101 tua	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

... MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> DIAN LIANG LIN MGRM 260 CYPRESS EDGE DR STE 113 PALM COAST FL 32164 US ✓ Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ Signature of a member or authorized representative of a member JIN QIU LIU Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00