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EXAMINER



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SECRETARY OF STATE

COVER LETTER

SUBJECT: LKIKI COMPANY LLC Name of Limited Liability Company	
	· ·
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
•	
JERRY CHUAN	LEE
Name of Person	
LKIKI COMPANY	LLC
Firm/Company	
ZOOZ DAVMEADOWE DE	N EAST #200
7807 BAYMEADOWS RD	DEAST #206
JACKSONVILLE, FL	
City/State and Zip Co	ode .
jerry@jcllimited.c E-mail address: (to be used for future ann	com
	ual report nonfication)
For further information concerning this matter, please call:	
Wendy Zhang at (904)	551 6765
Name of Person Area C	551 6765 Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ S55.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional co	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LKIKI COM					
(Name of the Limite	d <u>Liability Compa</u> A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	were filed on	04/18/2007	and assigned			
Florida document numberL070004	<u>1572 </u> .					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name o	of the limited liab	ility company her	<u>·e</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compa	any," the designation "	LLC" or the abbreviat	- ior	
Enter new principal offices address, if applicable:		7807 BAYMEADOWS RD EAST #208				
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVI	LLE, FL 32256	A S	_	
				AR S T	Ì	
Enter new mailing address, if applicable:				28 ARY SSEE	•	
(Mailing address MAY BE A POST OFFICE BOX)					-	
				PORTO STAFF	-	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	the name of the n	ev	
Name of New Registered Agent:	JERRY CH	UAN LEE			_	
New Registered Office Address:	7807 BAYN	IEADOWS RD	EAST #208		_	
		En	ter Florida street add	lress		
		KSONVILLE	, Florida	32256	-	
		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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Р	JERRY CHUAN LEE	7807 BAYMEADOWS RD E #208 JACKSONVILLE, FL 32256	✓ Add Remove
Р	CHUANXIANG LI	6015 CHESTER CIRCLE 210 JACKSONVILLE, FL 32217	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if necessa	ry.)
<u>-</u>			
	11/09	0011	
Dated	11/23		
	Signature	of a member or authorized representative of a member	
		JERRY CHUAN LEE Typed or printed name of signee	
		13 ped of prince name of signee	

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Filing Fee: \$25.00