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(City/State/Zip/Phone #)

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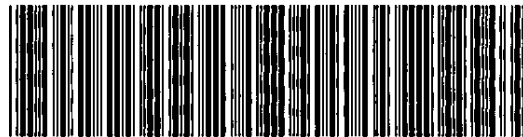
(Business Entity Name)

(Document Number)

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05/28/10--01007--022 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 28 PM 12:02

T. HAMPTON  
JUN - 1 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: Tops Kitchen cabinet and Granite, 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:**

Xian Wen Huang

Name of Person

Tops Kitchen Cabinet and Granite, LLC

Firm/Company

3500 NW 77th CT

**Address**

Doral, FL 33122

City/State and Zip Code

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

**For further information concerning this matter, please call:**

Xian wen Huang

Name of Person

at (646) 707-6677

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the 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 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**

Tops Kitchen Cabinet and Granite, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/26/2007 and assigned  
Florida document number LO 7000044703

FILED  
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DIVISION OF CORPORATIONS  
30 MAY 28 PM 12:02

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Xian Wen Huang  
New Registered Office Address: 3500 NW 77th Ct  
Enter Florida street address  
Doral, Florida 33122  
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.*

Xian Wen Huang  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LIN, Yu	3500 NW 77th CT Doral, FL 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HUANG, Cheng	3500 NW 77th CT Doral, FL 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HUANG, Xianwen	3500 NW 77th CT Doral, FL 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 21, 2010.

Lin Yu  
Signature of a member or authorized representative of a member

Yu Lin  
Typed or printed name of signee