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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: **Registration Section**

Division of Corporations Prodiso Kitchen & Bath Expo Center of Kendall, LLC

SUBJECT:

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:

		Xiang Huang			
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	Pa				
	······································				
		Address			
	City/State and Zip Code				
	hitingie@gmail.com				
	E-mail address: (to be used for future annual report notific	cation)		
For further information	concerning this matter, please	call:			
Xia	ng Huang	at (305)	639-6010		
Name of Person		Area Code & Daytime	Telephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	Certificate of Status	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

Prodiso Kitchin & Bath Expol	enter of Kendall, LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liability	as it now appears on our records.) pility Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\L07000091252$.	ere filed on Q U O 7 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	I Liability Company," the designation "LLC" or the abbreviation
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 offic registered agent and/or the new registered office address here:	TALL TALL
Name of New Registered Agent:	AHAN T
New Registered Office Address:	

City

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

Enter Florida street address

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^{••}Zip**®**ode

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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Title	Name	Address	Type of Action			
Officer	Chau cheung	3250 NW 77 Nt Doral, 72 33122	Add Remove			
	<u> </u>		Add Remove			
•			_ Add _ Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_			
•			_			
	Autor					
Dated	Hugust 21 201	authorized representative of a member				
Typed of printed name of signee						
	Page 2 of 2					

Filing Fee: \$25.00