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| (Reques | tor's Name) | | | |
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EXAMINER

COVER LETTER

| | Division of Cor | | | |
|--|-----------------------------------|--|--|---|
| eud ie <i>c</i> | т. | Jylu: | zindy "LLC" | |
| SUBJEC | Name of Limited Liability Company | | | |
| | | | | S 60 |
| The enclo | sed Articles of | Amendment and fee(s) are sul | mitted for filing. | OBSEP 17 AHII: 00 |
| Please return all correspondence concerning this matter to the following | | | to the following: | بر بر بر بر ب |
| | | | | |
| | | | Charles Waddell | .00 |
| | | | Name of Person | |
| | | | Jyluzindy "LLC" | |
| | | | Firm/Company | |
| | 325 S Orlando Ave. | | | |
| | | | Address | |
| | | | " · D EL 00700 | |
| | | V | /inter Park, FL 32789 City/State and Zip Code | |
| | | Wa | ddeliphoto@mac.com | |
| | .• | E-mail address: (| o be used for future annual report notification) | |
| For furthe | er information o | oncerning this matter, please of | all: | |
| | Cha | arles Waddell | at (407) 242-7 | 210 |
| | | f Person | Area Code & Daytime Teleph | |
| | | | | |
| Enclosed | is a check for the | he following amount: | | |
| \$25.00 | O 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) |
| | Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Jyluzindy "LLC" | | - OFF |
|---|--|-----------------------------|-------------------------|
| (Name of the Limited Liab (A Flor | pility Company as it now appeared Limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liabili Florida document number | | 10/03/2007 | and assigned |
| This amendment is submitted to amend the following | g : | | |
| A. If amending name, enter the new name of the | limited liability company her | <u>re</u> : | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Compa | any," the designation "I | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AL | DDRESS) | | |
| | ************************************** | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | | | |
| • | | | |
| B. If amending the registered agent and/or receistered agent and/or the new registered office a | | our records, <u>enter t</u> | he name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | F | ter Florida street add | · · |
| | Ŀn | ier r ioriaa sireel aaa | ress |
| . — | City | , Florida | 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

| <u>Title</u> | Name | Address | Type of Action |
|---------------|---|---|-------------------|
| MGRM | Charles Waddell | 5100 Glasgow Ave. Orlando, FL 32819 | Add Remove |
| MGRM_ | Xiu Hua Yang | 1011 N. Mills Ave. Orlando, FL 32803 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | · | | Add Remove |
| D. If amend | ling any other information, enter | change(s) here: (Attach additional sheets, if necessary.) | _ |
| | , | | _ |
| Dated | September 14th | 2009 | - - |
| Dated | Chara | los Woodlelf | |
| | Signature of a r | nember or authorized representative of a member Charles Waddell | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00