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SECRETARY OF STATE

J. BRYAN

APR 1 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: American Overseas Investment and Real Estate, 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:
XIAOMU ZI Name of Person
American Overseas / westment & Real Estate, LLC.
21666 Abine fon Ct. Address
Boca Raton, FL 33428 City/State and Zip Code Prosourcine usa @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call: Natasha L' at (410), fo4 - 6573
Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset} \$\text{\$\subset \text{\$\cong \text{\$
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Overseas (NVestment and Real Estate, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(11.1.011)	an Emmed Embiny Company)	
The Articles of Organization for this Limited Liability		8/2009 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
Prosourcing, LLC The new name must be distinguishable and end with the		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," (he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	F(G) 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		APR 12 AH 7:41 CRETARY OF STATE LAHASSEE, FLORE
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	Ciţv	Zip Code
Non-Double and Association of the section Double		

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 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

<u>Title</u>	Managing Member Name	<u>Address</u>	Type of Action
			Add
			Add Remove
			— D
			Add Remove
			Add Remove
			Add Remove
D. If amen	iding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessor	ary.)
_			10 AP
			R I 2
	4/6/2010 Dimme G	•	M 7: 41 OF STATE E. FLORIDA
	Signature of a me	mber or authorized representative of a member	
		Yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00