## L09000024671

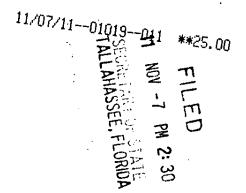
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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Co	rporations				
SUBJECT.	MCL 168	Properties, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:	<del>-</del>		
	Fang Cheng Name of Person				
		Ivane of Person			
	MCL 168 Properties LLC				
		Firm/Company			
	1655 Briergate Dr.				
Address					
		Duluth, GA 30097			
	<del></del>	City/State and Zip Code			
	SWe	ethomes16@yahoo.com to be used for future annual report not	(footion)		
For further information	concerning this matter, please	•	meation		
	,,				
	ang Cheng of Person	at (_678 )	371-3560 me Telephone Number		
availle (	n reison	Area Code & Dayth	me Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 NOV -7 PM 2:30

SECRETARY OF SECRETARY

MCL 168 Pro	operties LLC	TALLAHA	ART OF STATE ISSEE, FLORIDA
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appear Liability Company)	rs on our records.)	AUINO
The Articles of Organization for this Limited Liability Compar Florida document numberL09000024671	ny were filed on	3/13/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>·e</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	P O Box 9560	008	
(Mailing address MAY BE A POST OFFICE BOX)	Duluth, GA 30	0095	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	***		
	Enter Florida street address		
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ZAIMING LI	1655 Briergate Dr., Duluth, GA 30097	Add Remove
<u>MGRM</u>	MOI LI	1655 Briergate Dr., Duluth, GA 30097	Add ☑ Remove
			Add Remove
D. If amendi	ng any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	FIL.  11 NOV -7  SEPRETARE
		ひとは、ドレダスプログ	LED -7 PM 2: 30
Dated	Nov. 3rd	2011	
-	Signature of a men	nber or authorized representative of a member	<del></del>
-	Tue	FANG CHENG	

Page 2 of 2

Filing Fee: \$25.00