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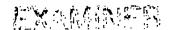
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SECRETARY OF STATE
ANASSEE. FLORIDA



APR 16 2009



COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	WUYI L	_L C		
SUBJECT:		ted Liability Company)		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Anni	'e Hwang (Name of Person)		
	WuY	I LLC		
		(Firm/Company)	_	OSE TALL
	5004 East Fo	wler Avenue - C-Bo	¥ 204	
		(Address)		AR ARSS
	TAMPA , F	(Firm/Company) Wler Avenue - C-Bo (Address) - L 33617 (City/State and Zip Code)		
	•	(City/State and Zip Code)		I: 46
For further information co	ncerning this matter, please co	all:		DE G.
Annie	Hwang	at (813) 404-266 (Area Code & Daytime Te	S	
(Name of	r Person)	(Area Code & Daytime To	stephone (vumoe	<i>a)</i>
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Registra	NG ADDRESS:	STREET/COURIER Registration Section		
Registra				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on Apri	103, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	he designation "LLC" or the abbreviation
L.L.C.		09 TALI
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		ARY SSE
		<u> </u>
Enter new mailing address, if applicable:		AM III
(Mailing address MAY BE A POST OFFICE BOX)		20 €
Transmit and the NARA DELLA COLUMN		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	(Enter 1	Florida street address)
	(2	
	(City)	, Florida
	(0,)/	(24)

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>e</u>	Name	Address	Type of Action
<u>grm</u>	Ricks C. Moulton	5004 East Fowler Avenue C, Box 204 Tampa, FL 33617	Add Remove
			Add Remove
			Add Remove
			Add Remove
*******			Add Remove
			Add Remove
If amendi	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	O9 APR 15 AI
			5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		2009	
ed	April 10	2/2	

Page 2 of 2

Filing Fee: \$25.00