## 09000035477

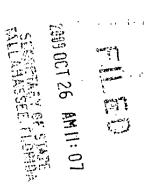
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T. CLINE

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**EXAMINER** 

## **COVER LETTER**

то:

**Registration Section** 

Division of Co	orporations			
SUBJECT:	FN	IFN, LLC.		
	Name of Limi	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		YOUTE SU		
		Name of Person		
		Firm/Company		
	945 WEST	STATE ROAD 436, St	UITE 1179	
	AI TAM	ONTE SPRINGS, FL	32714	
	ability and the state of the st	City/State and Zip Code	444.4	1007 26 1007 26 1007 24 111 44 112 44 113 44
	E-mail address: (	T832@YAHOO.COM to be used for future annual repo	ort notification)	1 26 1 26 1 26
For further information	concerning this matter, please c	rall:		T 26 AMII
	YOUTE SU	at (_407_)	869-1233 Daytime Telephone Number	0
ivanie	or reison	Alea Code &	Daytime relephone (vianoc)	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	ite of Status &
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FNFN, LLC			
( <u>Name of the Limited Liability</u> (A Florida l	(Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	04/13/2009	and assigned	
Florida document numberL09000035477				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	my," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	<b>30</b> 1 (10)			
(Principal office address MUST BE A STREET ADDR	RESS)			
			in a ma	
			100 mg	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<b>紧紧 67</b> 1	
Milling dualess may be a 1 ost of fice boxy	<del></del>		THE TAIL	
			A STATE OF THE PARTY OF T	
B. If amending the registered agent and/or regist	tored affice address on a	our records enter (	A STATE OF THE PARTY OF THE PAR	
registered agent and/or the new registered office add	ress here:	on records, <u>enter t</u>	nes name or the ness	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		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 Type of Action **Address Title** <u>Name</u> MGRM YOUTE SU 945 WEST STATE ROAD 436, #1179 ALTAMONTE SPRINGS, FL 32714 CHAU CHING NGAI MGRM 945 WEST STATE ROAD 436, #1179 ALTAMONTE SPRINGS, FL 32714 ✓ Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 22 2009 Dated\_ Signature of a member or authorized representative of a member YOUTE SU Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00