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EXAMINER

COVER LETTER

TO: Registration Section

' Division of Co	rporations				
CUBIECT.	Oregon Mi	ami Property LLC			
SUBJECT:		Name of Limited Liability Company			
	f Amendment and fee(s) are sub ondence concerning this matter	- -			
		Cheung Lung Siu			
	Name of Person				
		Firm/Company			
7279 SW Ascot Court Address					
	F	Portland, OR 97225 City/State and Zip Code		255	
	E-mail address: (1	niaosiu@comcast.net	ication)	OCT 21	
For further information	concerning this matter, please of		ŕ	2000 OCT 26 PH 1: 24 SECRETARY OF SHAPE	
	eung Lung Siu of Person	at (503) Area Code & Daytime	336-4148 e Telephone Number	1:24	
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 enclosed) Certified C	of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Oregon Miami Prope	rty LLC			_		
(Name	of the Limited Liability Company as it r (A Florida Limited Liability (ow appears on o Company)	our records.)				
The Articles of Organization for t	his Limited Liability Company were fil	ed on Ap	ril 23, 2009	and	assigne	ed .	
Florida document number	L09000039192						
This amendment is submitted to a	mend the following:						
A. If amending name, enter the	new name of the limited liability con	npany here:					
The new name must be distinguisha "L.L.C."	ole and end with the words "Limited Liabi	lity Company," t	he designation "l	LLC" or t	he abbre	viation	
Enter new principal offices add	ress, if applicable:			<u> </u>	<u> </u>		
(Principal office address MUST	BE A STREET ADDRESS)			हिन्द केली हर्म दहरू विकास	- 		
		- · · · · · · · · · · · · · · · · · · ·	····	12 m	OCT 2	اهجسين	
				188E	6	S. Alfred	
Enter new mailing address, if a	plicable:			M.	_ 	***	
(Mailing address MAY BE A PO	ST OFFICE BOX)	.		是以		1, , ,	
				<u>টেলী</u>	2		
B. If amending the registered registered agent and/or the new	agent and/or registered office add registered office address here:	lress on our r	ecords, enter	the nam	e of th	e new	
Name of New Registere	i Agent:				i		
New Registered Office	Address:	Enter Fi	orida street ada	lress			
		, Florida					
	City	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

MGR = Manager MGRM = Managing Member **Title** Name | <u>Address</u> Type of Action MGRM Xiu Ju Zhao 11612 NW 69 Terrace ∏ Add Doral, FL 33178 Remove MGRM Liang Qin Dong 10342 NW 30 Terrace ☐ Add Doral, FL 33172 √ Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member CHEU NG Typed or printed name of signee

. 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:

Page 2 of 2

Filing Fee: \$25.00