

L09000051194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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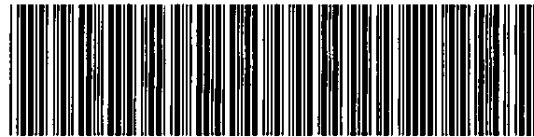
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 11 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Asian Silk Art, 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:

Lisa Bryant  
Name of Person  
Asian Silk Art, LLC.  
Firm/Company  
1526 University Blvd. W. 106  
Address  
Jacksonville, FL 32217  
City/State and Zip Code  
lbwithmaritime@clearwire.net  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lisa Bryant at ( 904 ) 444-3630  
Name of Person Area Code & Daytime Telephone Number

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)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ASIAN SILK ART, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/26/2009 and assigned  
Florida document number L09000051194.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Al-Li Export Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Lisa Anne Bryant

New Registered Office Address:

1526 UNIVERSITY BLVD WEST #106

*Enter Florida street address*

Jacksonville

Florida

32217

*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.*

*Lisa Anne Bryant*  
\_\_\_\_\_  
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

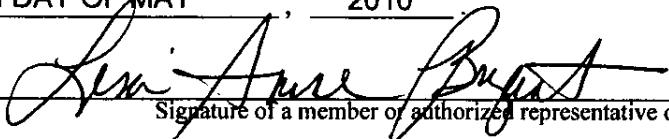
✓MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LISA ANNE BRYANT	1526 UNIVERSITY BLVD #106 JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LISA ANNE BRYANT	1526 UNIVERSITY BLVD #106 JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 4TH DAY OF MAY, 2010



Signature of a member or authorized representative of a member

LISA ANNE BRYANT

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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