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D. BRUCE

AUG 0 4 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Jian Song Name of Person	
	Mutti-Choice Realty, 11C Firm/Company	
	16822 Sunrise Vista Dr Address Es &	
	Clermond FL 34714 City/State and Zip Code CTOMA OF OLITH COME	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Name of Person at (40) -484-5233 Area Code & Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
\$25	.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is encl	

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

Multi-Choice Keall	, ·	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears or nited Liability Company)	i our records.)
The Articles of Organization for this Limited Liability Com- Florida document number	npany were filed on 07	17/2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		O9/
(Principal office address MUST BE A STREET ADDRES	(22)	THE STATE OF THE S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	,	-8 PH 3: 08 SSEE. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
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 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 = Mana MGRM = Ma	ger naging Member	r			
Title	<u>Name</u>	Last name	Address		Type of Action
MGRM	Jian	Song	16822 Sunnise Clermont FL	Usta Dr 34714	Add Remove
production of the state of the					Add Remove
					Add Remove
					Add Remove
					Add Remove
					Add Remove
D. If amendin	g any other info	ormation, enter change	(s) here: (Attach additional she	ets, if necessary.)	-
					O9 AU SECRE
Dated	Tuly 3	1 , 200	<u> </u>		FILED 09 AUG-3 PH 3: 08 ECRETARY OF STATE
		Signature of a member of	r authorized representative of a mo	ember	PH 3: 08
_		Typed or	A) Yì Zha r printed name of signee	· · · · · · · · · · · · · · · · · · ·	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00