

LD9000070371

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

2011 AUG 29 AM 8:50

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J. SAULSBERRY  
EXAMINER

AUG 31 2011

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PHONE-SWEEPS DAYTONA 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:

ALEX YU, Esq

Name of Person

Law Offices of Alex Yu

Firm/Company

15255 Amberly Drive

Address

Tampa, FL 33647

City/State and Zip Code

ayu@alexylaw.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ALEX YU, Esq

Name of Person

at ( 813 )

514-2885

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

PHONE-SWEEPS DAYTONA LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/22/2009  
Florida document number L09000070371

This amendment is submitted to amend the following:

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

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: 1116 Beville Rd  
(Principal office address MUST BE A STREET ADDRESS) Daytona Beach, FL 32114

Enter new mailing address, if applicable: 5744 Sabal Trace Dr Unit 202  
(Mailing address MAY BE A POST OFFICE BOX) North Port, FL 34287

**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: MENGXIA LIU

New Registered Office Address: 5744 Sabal Trace Dr Unit 202

Enter Florida street address

North Port, Florida 34287  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KISS, JULIUS	396 ST. GERMAIN AVE TORONTO, ONTARIO XX M5M1W-7 G	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LIU, MENGXIA	5744 Sabal Trace Dr Unit 202 North Port, FL 34287	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LIN, JIANG DI	5744 Sabal Trace Dr Unit 202 North Port, FL 34287	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)

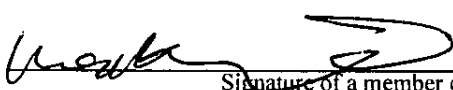
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dated

8/23/2011



Signature of a member or authorized representative of a member

Mengxia Liu

Typed or printed name of signee