

L09000070371

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 17 2012

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)

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

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TALLAHASSEE, FLORIDA

**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)

The Articles of Organization for this Limited Liability Company were filed on 7/22/2009 and assigned
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:

(Principal office address MUST BE A STREET ADDRESS)

1116 Beville Rd

Daytona Beach, FL 32114

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5126 Richmond Terrace

North Port, FL 34287

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TALLAHASSEE, FLORIDA

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:

5126 Richmond Terrace

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.

Mengxia Liu
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
MGRM	LIU, MENGXIA	5126 Richmond Terrace North Port, FL 34287	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LIN, Tai Mei	5126 Richmond Terrace 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

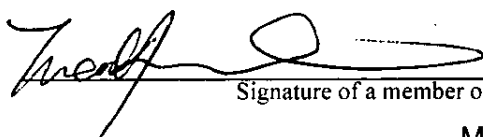
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 16 AM 8:52

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Dated _____



Signature of a member or authorized representative of a member

MENGXIA LIU

Typed or printed name of signee