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(Requestor's Name) (Address)	300186235923		
(Address) (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	10/07/1001015011 **125_00		
(Business Entity Name)			
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OCT -8 2010

EXAMINER

Office Use Only

**125_00_>

COVER LETTER

TO: , Registration S Division of Co						
SUBJECT: _	Solar	Cloud, LLC				
	Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Danny Shum				
	Name of Person					
	Shum Investment Group LLC					
	Firm/Company					
	522	0 S. University Dr. #207				
	Address					
	Davie, FL 33328					
		City/State and Zip Code				
	dshum1@gmail.com E-mail address: (to be used for future annual report notification)					
For further information	e-man address: (·	cation)			
Danny Shum		ut \	252-5778			
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

Solar Cloud 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 on09/08/2009	ar	nd assi	gned
Florida document numberL0900086620			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
Shum Investment Group, LLC			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."	"LLC" o	r the ab	breviation
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 registered agent and/or the new registered office address here:	the na	me of	the new
Name of New Registered Agent:	TAS:	 O	
New Registered Office Address:		<u>CT</u>	
Enter Florida street a	daress	-7 P	
City , riorida_	Zip	Code	6
New Registered Agent's Signature, if changing Registered Agent:		: 30	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	nnager Managing Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Demove
			Add Remove
			Domous
			□ D amazza
			Add Remove
D. If amer	ding any other information, enter cha	nge(s) here: (Attach additional sheets,	if necessary.)
_			
_			
Dated	October 5,	1010	
	\smile	ber or authorized representative of a mem	Manhor Manhor

Page 2 of 2

Filing Fee: \$25.00