L09000123085

Office Use Only



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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection rporations		•		
* * *	- F				
SUBJECT: RE	DCHIP ASIAN-AME	RICAN MANAGEMENT	HC		
SUBJECT:		ited Liability Company	,		
		• • •			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
r iouse roturn un corrosp	ondence concerning and matter	to the following.			
	MICHAEL LAPAT				
Name of Person					
	L AVA/ OF	FIGER OF MICHAEL LABOR			
LAW OFFICES OF MICHAEL LAPAT Firm/Company					
		rum/company			
3300 UNIVERSITY DRIVE, SUITE 311					
Address					
	CORAL SPRINGS FL 33065				
	City/State and Zip Code				
	davidjohnson@tampabay.rr.com				
	E-mail address: (davidjohnson@tampabay.rr.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please o	eall:			
0.0	IE HANGOCK	054	45.0440		
	JE HANCOCK of Person	at (954) 34 Area Code & Daytime T	45-6442		
Nume	or reison	Alea Code de Daytine 1	elephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	√ \$55.00 Filing Fee &	\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy	Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
			•••		
MARK MACARINAGE					

MAILING ADDRESS:

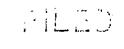
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REDCHIP ASIAN-AMERICAN MANAGEMENT, LLC



2010 NOV 29 PM 1 56

(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 ______ 12-30-2009 and assigned Florida document number ____ L09000123085 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) 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: New Registered Office Address: Enter Florida street address , Florida _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALLAN S. WATSON	500 Winderley Place Suite 100 Maitland, FL 32751	✓ Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary	<i>?.)</i>
- - -			2010 NOV 29 PM
Dated	NOVEMBER 23,	2010 .	₩ %
	Signature of a me	mber of authorized representative of a member	
	DA\	/E GENTRY, MANAGER	
	T	yped or printed name of signee	

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Filing Fee: \$25.00