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SECRETARY OF STATE

J. BRYAN

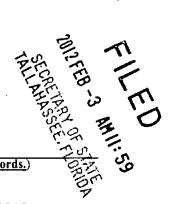
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EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:	GUANXI	UNLIMITED LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
C			ARL T. WATKINS, CPA	
			Name of Person	
		C/	ARL T. WATKINS, INC	
			Firm/Company	部門不
		5	103 MEMORIAL HWY	显 =
			Address	B-3 AM
			TAMPA, FL. 33634	7012 FEB -3 AM 11: 59 2012 FEB -3 AM 11: 59 TALLAH ASSEE, FLORID
		 	City/State and Zip Code	FLO STA
			W@CTW-CPA.COM	
For fur	ther information	E-mail address: (concerning this matter, please o	to be used for future annual report notificatio	n)
. 0. 14.		voncerning sins marror, preuse c		
		RL T. WATKINS	at (813) 884 Area Code & Daytime Tele	-7245
	Name	oi Person	Area Code & Daytime Tele	epnone Number
Enclose	ed is a check for	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



GUANXI UNLIMITED 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 Co	ompany were filed on	02/01/2010	and assigned	
Florida document number L10000011320				
·	_			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> : -		
GUANXI	UNIVERSAL, LLC			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	TORIAN A F	RICHARDSON		
(Principal office address MUST BE A STREET ADDR	<i>ESS</i>) 2643 Gulf To	2643 Gulf To Bay Blvd # 1560-139		
	Clearwater, I	FL. 33759		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	\			
		our records, enter t	he name of the nev	
		our records, <u>enter t</u>	he name of the nev	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ress here:	our records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent: Carl	ress here: T. Watkins, CPA	our records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent: Carl	ress here: F. Watkins, CPA Memorial HWY			
Name of New Registered Agent: Carl 7	ress here: F. Watkins, CPA Memorial HWY	our records, <u>enter t</u>		
Name of New Registered Agent: Carl 7	ress here: F. Watkins, CPA Memorial HWY		ress	

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

MGR = Manager

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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	•		Remove
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16			म्यान ना
. II ameno	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	B-3 M
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ated	7-19-1/		
	1)	
	Signature of a themite	r or authorized representative of a member	
	•	rian A Richardson	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00