## L10000029028

(Requestor's Name)
(Address)
• ,
(6.144)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300201414433

04/13/11--01012--028 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

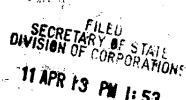
## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJE	CCT:	YON	NG JIE, LLC			
The end	closed Articles of A	mendment and fee(s) are su	bmitted for filing.			
Please	return all correspon	dence concerning this matte	r to the following:			
			PING H CHOU, CPA			
			Name of Person			
F			NG H CHOU, CPA, PA			
Firm/Company						
732			5 NW 112TH TERRACE			
			Address			
QTEVE			City/State and Zip Code			
STEVEPHCHOU@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)						
For furt	her information cor	ncerning this matter, please of	call:			
	YONG	3 JIE CHEN	<sub>at (</sub> 212 <sub>)</sub> 3	80-3045		
	Name of I	Person	Area Code & Daytime	Felephone Number		
Enclose	d is a check for the	following amount:				
<b>√</b> \$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)		
		G ADDRESS:	STREET/COURIE	R ADDRESS:		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



YONG J	IIF LLC		7. 00
(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company  Florida document numberL10000029028	were filed on	03/07/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company,	the designation "LLC"	C" or the abbreviatio
Enter new principal offices address, if applicable:	7609 PINES BL	VD.,	
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PII		
Enter new mailing address, if applicable:	7609 PINES BLY	√D.,	
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PI		·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Florida street addres	:s	
		, Florida	
	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, <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

MGR QI YONG C		190 NE 170 ST NORTH MIAMI, EL 33162	Add Remove
MGR YING ZHEN			<del></del>
	IG	190 NE 170 ST NORTH MIAMI, FL 33162	<b>✓</b> Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amending any other info	ormation, enter change(s	here: (Attach additional sheets, if necessary.)	<u>~</u> *;
		·	
		· · · · · · · · · · · · · · · · · · ·	APR 13
Dated APRIL 9	ile, cheh	<u></u> .	EU AF STATE DRPORATIO
( ")	YON	authorized representative of a member  NG JIE CHEN printed name of signee	STATE ORAFIONS

Page 2 of 2

Filing Fee: \$25.00