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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 12 AM 11:30

T. HAMPTON  
AUG 18 2010  
EXAMINER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

\* SUBJECT: MAI-SHAREN YIP, LLC -  
(New amendment) - Dunhong-MING and  
Name of Limited Liability Company  
Sharen Zhuoya, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAI T. Kaye  
Name of Person

PBR Realty  
Firm/Company

208 34th St  
Address

WPB FL 33407  
City/State and Zip Code

maikaye@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mai Kaye at (561) 692-1158  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 12 AM 11:53

MAI-SHAREN-YIP, 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 6-7-10 and assigned

Florida document number L 10000060775

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Dunhong-ming and Sharen Zhuoya, LLC

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

City, 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, 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>
MGR	MAI SEEYIP	8725 Wakefield Dr Palm Beach Gardens FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DUNhong-MING	8725 Wakefield Dr Palm Beach Gardens FL 33410	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sharen ZHUOYA	8725 Wakefield Dr Palm Beach Gardens FL 33410	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 10th, 2010.

X Mai See yip

Signature of a member or authorized representative of a member

MAI SEEYIP

Typed or printed name of signer

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