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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON AUG 2 0 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: WASABI PIVERVIEW, LLC. Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jim FENG Human					
Name of Person					
Firm/Company					
3829 AID SNEW Rd					
Address					
3829 OLD SALEM Rd Address LAKELOND, FC 33811 City/State and Zip Code					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jin Foug Humb at (646) 321 - 328 Name of Person Area Code & Daytime Telephone Number					
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{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

WASABi RI	VERVIZW, LLC.		
(Name of the Limited Liat (A Flor	bility Company as it now appears on our rec rida Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liabili		JG 19	
This amendment is submitted to amend the following	g:	PH II	
A. If amending name, enter the new name of the	OF STATE OF PH 12: 05		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX</u>	2	,	
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our records address here:	, enter the name of the new	
New Registered Office Address:	Enter Florida street address , Florida		
_	City [,]	Zip Code	
Now Degistered Agent's Signature if abancing Degist	tared Assuts		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>m</u> Gr	JiAN-FENG ZAENG	3829 OLD SALEM Rd LADELAND, FC 338/1	Add Remove
m u rm .	JIAN FENG HUMG	3829 OLD SOLEM Rd LAKELOND, FL 33811	Add Remove
			Add Remove
***************************************			Add Remove
	and the second s		Add Remove
			Add Remove
D. If amend		e(s) here: (Attach additional sheets. if necessary.	SECRETARY OF STATE SIVISION OF CORPORATIONS 10 AUG 19 PM 12: 08
		or authorized representative of a member East Huart or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00