## 40000078682

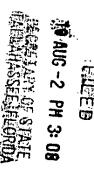
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S. HAWKES

AUG 3 - 2010

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	AnsonImp	oort Services LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are suf	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Anson Tou Liu		
		Name of Person		
AnsonImport Services LLC				
Firm/Company				
5315 NW 126th Drive				
Address				
	Cora	al Springs, Florida, 33076		
		City/State and Zip Code		
	ansontou@ansonimport.com  E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of	·	,	
Α	nson Tou Liu	at (954) 2	57-2371	
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:		STREET/COURIE	R ADDRESS:	

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

STREET/COURIER ADDRE
Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AnnsonImport Services 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 July 27, 2010 and assigned L10000078682 Florida document number 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 "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

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> Name **Address** Type of Action Anson Tou Liu MGR 5315 NW 126th Drive √ Add Coral Springs, Florida 33076 Remove United States Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 30 Signature of a member or authorized representative of a member Anson Tou Liu Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00