L10000081869

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)	_	
(Cit	ty/State/Zip/Phone	e #)	
(0	y cator ip i nom	<i>,</i>	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Do	ocument Number))	
Certified Copies	Certificate	s of Status	
	_		
Special Instructions to Filing Officer:			
	,		
		ţ	

Office Use Only



900235039249

05/16/12--01008--014 **55.00

12 MAY 16 AH II: 55

B. BOSTICK
MAY 1 7 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HUNAN WOK DECRAY 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:	
STANLEY FORREST Name of Person	
HUNAN WOK DECRAL	
9102 WEST BASI HARBOR DRIVE #90W	
BAY HANBOR, FLORIDA 33154 City/State and Zip Code	A 3
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (561) 416-1751 TO STATE OF PERSON Area Code & Daytime Telephone Number	7
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$	osed)

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

HUNAN WORDE	CRAY LLC	
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears of imited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>08/</u> 	04/20/0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ZMAY 16 AM III
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on our ess here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter 1	Florida street address
	. 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 Title · Name **Address Type of Action** MERM STANLEY FORLEST ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representative of a member RONGOLD

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00