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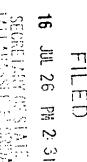
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COVER LETTER

TO:

Registration Section

Division of Corp	porations					
Sun Valley	Eastern Investments, LLC					
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Alexandre M. Mestdagh					
		Name of Person				
	Mestdagh & Wall, PA					
		Firm/Company				
541 S Orlando Ave, Ste 203						
Address						
	Maitland, FL 32751			i		
		City/State and Zip Code		[<u>M</u>]	6	
	alex@m-wlawfirm.com				الل	-
		to be used for future annual repor	rt notification)	7.32 2.32	. 26	
For further information co	oncerning this matter, please c	all:			72	įΤ
Alex Mestdagh		407 702-679 at ()	02		?	,,
Name of	Person	Area Code D	aytime Telephone Number	ŞĒ	<u> </u>	
Enclosed is a check for th	e following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified	e of Status		
Registra Divisior P.O. Bo	NG ADDRESS: ntion Section n of Corporations x 6327 ssee. FL 32314	Registration S Division of C Clifton Buildi	orporations ing ve Center Circle			

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sun Valley Eastern Investments, 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 $\frac{8/17/2010}{1}$ and assigned Florida document number L10000086336 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bin Hui Wong	338 Eastern Avenue	Add
		St. Cloud, FL 34769	Remove
			■ Change
AMBR	Tin Wan Wong	65-14 Woodside Ave 2nd Floor	≅ Add
		New York, NY 11377	□ Remove
			☐ Change
			☐ Remove
			Change
			Remove Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change

D. If amending any other informat	ion, enter chan	ge(s) here: (Attach addition	al sheets, if neces	sary.)	
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E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and can ock does not meet	the applicable	ate of filing or more statutory filing	(option e than 90 days after f requirements, this	iling.) Pursuant to 6	<u>ယ</u> 05.0207 (3)(b) sted as the
If the record specifies a delayed (b) The 90th day after the reco	effective date ord is filed.	e, but not a	n effective tir	ne, at 12:01 a.	m. on the ear	iler of:
Dated	,	2016				
	Poi	ny				
	Signature of a men	or authorize	d representative o	fa memb er		
•		Bin Hui W				
·	Tw	ned or printed o				

Page 3 of 3

Filing Fee: \$25.00