L110000 33584

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. HAMPTON
SEP 13 2011
EXAMINER

COVER LETTER

SUBJECT:		BLE LIN, LLC ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
		XIU YAN LIN Name of Person				
	DOUBLE LIN, LLC					
	Firm/Company					
	1607 SE Shelburnie way					
	Address					
	Port St. Lucie, FL 34952					
	City/State and Zip Code					
	E-mail address:	to be used for future annual repo	ort notification)			
For further information	concerning this matter, please	call:	· ,			
	Xiu Yan Lin	at (_407_)	242-9600			
Name of Person Area Code & Daytime Telephone Number			г			
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 en	closed) Certified	nte of Status &		

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

11 SEP 12 PH 2: 25

DOUBLE LIN, LLC

(Name of the Limited Liability Company as it now appears on All-Yelofds.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/21/2011 and assigned

Florida document number L11000033584

This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADd	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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

Type of Action Title <u>Name</u> **Address MGRM** LIN, Gui Xiao 1607 SE Sheburnie Way Port St. Lucie, FL 34952 ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9/1/2011 Dated Signature of a member or authorized representative of a member Xiu Yan Lin Typed or printed name of signee

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Filing Fee: \$25.00