## L110000062952

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SECRETARY OF STATE
VISION OF CORPERATIONS



## **COVER LETTER**

TO: Registration So Division of Con			•		
SUBJECT.	KIKU STF	AK HOUSE LLC			
SUBJECT:		ted Liability Company	·		
	Amendment and fee(s) are sub				
		CHI SING CHAU			
	Name of Person				
NEW FU DA ACCOUNTING SERVICES INC.					
Firm/Company					
35 E BROADWAY, STE 501					
Address					
NEW YORK, NY 10002					
City/State and Zip Code					
	taxacct8283@yahoo.com E-mail address: (to be used for future annual report notification)				
For further information of	oncerning this matter, please co				
Chi Sing Chau Name of Person		at ( 212 ) Area Code & Day	962-0808		
Name o	i Person	Area Code & Day	ime Telephone Number		
Enclosed is a check for the	ne 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:

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

ERRED SECRETARY OF STATE DIVISION OF CORPORATIONS

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ability Company as it now appear orida Limited Liability Company)	ars on our records.)	
ility Company were filed on	MAY 27, 2011	and assigned
52		
ing:		
e limited liability company he	e <u>re</u> :	
ne words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
e:		
<u></u>		
	our records, enter th	ne name of the new
E	nter Florida street addr	ess
City	, Florida	Zip Code
	ability Company as it now apper orida Limited Liability Company)  ility Company were filed on	ing:  e limited liability company here:  ne words "Limited Liability Company," the designation "Lie:  ### ADDRESS  registered office address on our records, enter the address here:  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 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>Address</u> Type of Action <u>Title</u> <u>Name</u> REN HUI ZHANG MGRM 2916 CAPITAL PARK DR. \_ Add ✓ Remove TALLAHASEE, FL 32301 ☐ Add Remove \_\_\_ Add Remove Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_June 10 2011 . Mus 2 homas Ren Signature of a member or authorized representative of a member Ren Hui Zhang Typed or printed name of signce

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Filing Fee: \$25.00