

| (Requesto | r's Name) |
|----------------------------------|------------------------|
| (Address) | |
| (Address) | |
| (City/State | /Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | Entity Name) |
| (Documer | it Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filing (| Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | • | |
|--|---|--|---|
| SUBJECT: Bon | sai Holdings Name of Limit | Group, LLC ted Liability Company | |
| | | | 22 2 |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | L |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Ivonne Fe | Name of Person | JUN 10 PM 2: 49 |
| | | Name of Person | (년) (9 (구) (구) (구) (구) (구) (구) (구) (구) (구) (구) |
| | | Firm/Company | |
| | 13305 SW | 22 Terr | |
| | | Address | |
| | Miami Fr | 33175 | |
| | | City/State and Zip Code | |
| | E-mail address: (t | o be used for future annual report notificati | ion) |
| For further information c | oncerning this matter, please c | all: | |
| | | at () | |
| Name o | f Person | Area Code & Daytime To | elephone Number |
| Enclosed is a check for the | he 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

| | OF | <u> </u> |
|--|---|---|
| Proposai Hold | ings Group, LLC | |
| | • | ir records.) |
| (A FI | ability Company as it now appears on ou orida Limited Liability Company) | mc 3 |
| The Articles of Organization for this Limited Liab | ility Company were filed or 6 (13) | and assigned |
| Florida document number | 9000 | diamensigned |
| Florida document number | <u>5 (</u> | 37 |
| This amendment is submitted to amend the follow | ing: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| | N | |
| The new name must be distinguishable and end with t "L.L.C." | he words "Limited Liability Company," the | e designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicab | le: | |
| (Principal office address MUST BE A STREET | 4DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| | | |
| B. If amending the registered agent and/or | registered office address on our re- | souds outon the name of the name |
| registered agent and/or the new registered office | e address here: | cords, enter the hame of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Flo | rida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ≠ Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> <u>T</u> | ype of Action |
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| MGRM | Jennitt Sriboonrod | | Add |
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| , r | , | enter change(s) here: (Attach additional shee | | |
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| d | , , | <u> </u> | | |
| <u> </u> | Signature | of a member or authorized representative of a me | mber | |
| | vonne Fer | of a member or authorized representative of a me Yadas Typed or printed name of signee | | |
| | | Page 3 of 3 | 를 교 | |
| | | Filing Fee: \$25.00 | 13 JUN 10 | 1 |
| | | | E E E C : | |
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