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D. BRUCE
DEC 2 0 2011
EXAMINER

COVER LETTER

TO: Registration S Division of Co	orporations		
SURJECT:	di Brown Cl	hing Consulting LLC	
Sobsect.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	Wen	L' Brown Name of Person	-
		•	
	Didi E	Brown China Consulting Firm/Company	. 120
	399 East	Sheridan Street April	201
	Dania, F	City/State and Zip Code	
	distrib	City/State and Zip Code	
	E-mail address:	We. com (to be used for future annual report notification)	EC 19
For further information	concerning this matter, please	call:	SE 9
Went	Brown	at (954) 47/ 3352 Area Code & Daytime Telephone Number	9 MIZ: 43 SEE. FLORIDA
Name	of Person	Area Code & Daytime Telephone Number	TOA S
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Didi Brown Chir	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on September 1, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and end with the we"L.L.C."	vords "Limited Liability Company," the designation "LC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable:	STATE CORID
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reginered agent and/or the new registered office address.	istered office address on our records, <u>enter the name of the new</u> ldress here:
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

<u>Title</u>	Name	Address	Type of Action
MGR	Wenli Brown	399 East Sheridan Street Apt \$201, Dania, FL 33000	Add Remove
	,		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s	here: (Attach additional sheets, if necessary)	
		PAIE A	- - -
Dated	ecember 14, 2011		-
_	Wes	authorized representative of a member Wir Brown printed name of signee	

Page 2 of 2

Filing Fee: \$25.00