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D. BRUCE
OCT 17 2011
EXAMINER

COVER LETTER

,TO: Registration Division o	on Section f Corporations		
SUBJECT:	BEST WATE	ER GROUP USA, LLC	
Sobole 1.		nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are so	ubmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
		LIN LI	
		Name of Person	
	BEST	WATER GROUP USA, LLC	
		Firm/Company	
	9100 S. DAI	DELAND BOULEVARD STE 15	00 A SE
		Address	<u>₹</u> 8 7
		MIAMI, FL	IN OCT IL PRIME SELECTE TARY OF STATE LLAHASSEE. FLORID
		City/State and Zip Code	
	BEAU1	TYSOPHIA.LI@GMAIL.COM (to be used for future annual report notification	
For further informat	ion concerning this matter, please		RY OF STATE SEE, FLORIDA
	LIN LI	ar (-1893
Nε	ime of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fee	©\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center CTallahassee, FL 32301	5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST WATER GF	<u>ROUP USA, LL</u>	<u>.C</u> _	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company		09/12/2011	and assigned
Florida document numberL11000103937			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compan	y," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:	9100 S. DADE	LAND BOULEVA	RD STE 1500
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 331	56	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9100 S. DADE MIAMI, FL 331	LAND BOULEVA 56	IRD STE 1500
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	r records, <u>enter th</u> r Florida street addr	II OCT I
New Registered Agent's Signature, if changing Registered Agent:		Š	⊋# 89

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:

	<u>Name</u>	Address	Type of Action
			□ D
			□ Damaua
<u></u>			Add Remove
			□ Damassa
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). If amen	ding any other information, en	iter change(s) here: (Attach additional si	heets, if necessary.)
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Filing Fee: \$25.00