

L11000105414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

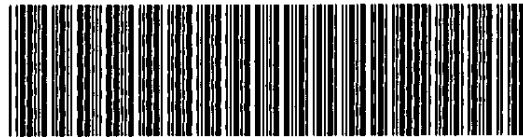
Special Instructions to Filing Officer:

**L. SELLERS**

SEP 23 2011

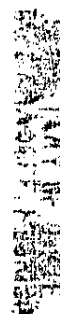
**EXAMINER**

Office Use Only



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SEP 22 PM 1:37

FILED

*Crabtree Law Group, P.A.*

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September 21, 2011

**Via Federal Express**

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

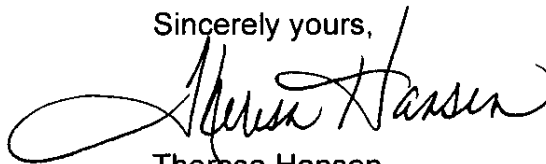
**RE: Talent Ocean, LLC Amendment**

Dear Sir/Madam:

Enclosed please find an original and one copy of the Amendment to Articles of Organization for the above entity together with our firm check in the amount of \$30.00 (**representing payment of the filing fee for the Amendment and a Certificate of Status**). Please file the enclosed and provide the undersigned with a Certificate of Status in the federal express envelope provided at your earliest opportunity.

Thank you most cordially for your assistance in this regard. Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely yours,



Theresa Hansen  
Legal Assistant

/th  
Enclosure

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TALENT OCEAN, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 14, 2011 and assigned Florida document number L11000105414.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**TALENT OCEAN INTERNATIONAL, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address 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

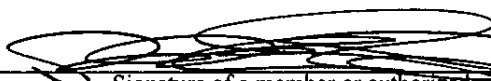
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	YU BAI	8777 SAN JOSE BLVD. JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 15, 2011.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
R.R. CRABTREE, AUTHORIZED REPRESENTATIVE  
\_\_\_\_\_  
Typed or printed name of signee