## L12000032009

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> 12 MAR 23 PH I2: 56 SECKELARY OF STATE

C. LEWIS

MAR 2 6 2012

EXAMINER

## **COVER LETTER**

Division of C		•	1.5) 1.00		
SUBJECT:	Safe He	eart USA, LLC.			
-	Name of Limi	ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
		Jing Zhu			
		Name of Person			
	D				
Firm/Company					
5118 City Street, Apt 527					
	Address				
Orlando, FL 32839					
City/State and Zip Code					
	E-mail address: (	yann80@live.com to be used for future annual report noti	(fication)		
For further information	n concerning this matter, please o	all:			
	Jing Zhu	at (_321 )	960-8219		
Name	e of Person	Area Code & Daytir	ne Telephone Number		
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section		STREET/COUR Registration Secti			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 MAR 23 PM 12: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## Safe Heart USA, LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for	or this Limited Liability Compa	my were filed on	March 2, 2012	and assigned	
Florida document number	L12000032009				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited li	ability company h	ere:		
The new name must be distingui "L.L.C."	shable and end with the words "L	imited Liability Comp	pany," the designation "Ll	.C" or the abbreviation	
Enter new principal offices a	ddress, if applicable:				
(Principal office address MUS	<u>ST BE A STREET ADDRESS</u>				
Enter new mailing address, i	f applicable:				
(Mailing address MAY BE A	POST OFFICE BOX)				
	red agent and/or registered ew registered office address b		our records, enter th	e name of the new	
Name of New Regist	ered Agent:				
New Registered Offic	ce 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 **Title** Name Type of Action <u>Address</u> Treasurer Jing Zhu 5118 City Street, Apt 527 Orlando, FL 32839 ✓ Add Remove ☐ Add Remove \_\_\_ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 19 2012 Signature of a member or authorized representative of a member Qianjun Wang Typed or printed name of signee

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Filing Fee: \$25.00