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12 JUN - I AM II: 51
SECRETARY OF STATE
TAIL ANALYSISE FLORIDA

C. LEWIS

JUN -4 2012

EXAMINER

COVER LET Registration Section **Division of Corporations** LYCC LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **CAROLINE HO** Name of Person LYCC LLC ·Firm/Company **3525 NW 82 AVENUE** Address DORAL, FLORIDA 33122 City/State and Zip Code carolineho3@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CAROLINE HO Name of Person

S55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee, Certificate of Status &

Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 12 JUN-1 AMIL: 51

	LYCC LLC	SECRETARY OF TALL ALLACE rs on our records. PEE,	"'
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appear orida Limited Liability Company)	rs on our records.	FLORIDA
			.,
The Articles of Organization for this Limited Liab	· · ·	April 24, 2012	and assigned
Florida document number L1200005379	<u>96 </u>		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
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 agent and/or the new registered office		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	, , , , , , , , , , , , , , , , , , ,	. Fl · l · . II	
	Enter Florida street address		
		, Florida	Zin Coda
	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> **Address Type of Action** MGR YING NG □ Add Remove MGR NG YING THERESA LEE ☑ Add Remove □ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CAMILA LEE 10% OF SHARE. NG YING THERESA LEE 90% OF SHARE. MAY 29 2012 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00