LADOOBAJI

| (Requestor's Name) | | | | | |
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| PICK-UP | WAIT MAIL | | | | |
| | | | | | |
| (Bu | isiness Entity Name) | | | | |
| (Do | ocument Number) | | | | |
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| Certified Copies | _ Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| A. LUNT | | | | | |
| MAY 1 7 2011 | | | | | |
| EXAMINER | | | | | |
| | Office Use Only | | | | |
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05/15/12--01035--006 **25.00

FILED

| | COVER LETTER | | | | | | |
|--|--|--|--|--|--|--|--|
| TO: Registration Section Division of Corporations | | | | | | | |
| SUBJECT: <u>HAN</u> | A KIMI LLC Name of Limited Liability Company | | | | | | |
| The enclosed Articles of An | nendment and fee(s) are submitted for filing. | | | | | | |
| Please return all correspond | ence concerning this matter to the following: | | | | | | |
| | SONG XIAO Name of Person | | | | | | |
| | HANA KIMILLC ES | | | | | | |
| | 19018 PRAIRIE MEADOWS DR 5 | | | | | | |
| | OPLANDOFL 32837 | | | | | | |
| | City/State and Zip Code NOO2 I VANY I AD & YAHOO, COM E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information cond | cerning this matter, please call: | | | | | | |
| SONG Y | at () | | | | | | |
| Name of Pe | Area Code & Daytime Telephone Number | | | | | | |
| Enclosed is a check for the f | following amount: | | | | | | |
| X \$25.00 Filing Fee [| \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed) Certified Copy Certified Copy | | | | | | |
| Registration Division on P.O. Box of | G ADDRESS:STREET/COURIER ADDRESS:on SectionRegistration Sectionof CorporationsDivision of Corporations6327Clifton Buildingce, FL 323142661 Executive Center Circle | | | | | | |

2661 Executive Center Circle Tallahassee, FL 32301

| ARTICLES C | DF AMENDMENT . TO |
|--|---|
| ARTICLES O | FORGANIZATION |
| , , introdubs of | OF |
| | |
| | KIMI LLC |
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) |
| | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on and assigned |
| Florida document number 12 0000 62 | 311 |
| | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | liability company here. |
| The first of the f | nability company nere. |
| The new name must be distinguishable and end with the words " | Limited Liability Company," the designation "ELC" or the abbreviation |
| "L.L.C." | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS | s) |
| <u></u> | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| muting unitess MAT DE A FOST OFFICE BOA) | |
| | |
| B. If amending the registered agent and/or registered | d office address on our records, <u>enter the name of the new</u> |
| 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 Ag | zent: |

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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

•

| <u>Title</u> | Name | | Address | | Type of Action | | |
|--------------|-----------------------|----------------------|--|-------------------------------|---------------------|--|--|
| MGRI | M HULQ | ing li | 2087 TOUN OUANED | CENTER BLUP FC 372837 | Add Remove | | |
| Mahn | n Song | XIAO | 13018 PRAT OM 1000 F | HIE MEADOWS DR 22 32837 | - 🔀 Add — Remove | | |
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| | <u></u> | | | | Add Remove | | |
| | | | | | Add Remove | | |
| D. If an | nending any other inf | formation, enter cha | nge(s) here: (Attach addii | tional sheets, if necessary.) | | | |
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| Dated | ИДЧ 14 | <u> </u> | <u>12</u> | | | | |
| | | 1 | ber or authorized representation (\bigcirc) (\bigcirc) (\circ) (\bigcirc) (\circ) | / SONG KiA | 0 | | |
| Page 2 of 2 | | | | | | | |

Filing Fee: \$25.00