# U2009687

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AUG 3 0 2016 S. YOUNG SECRETARY OF STATE FALLARIASSEE, FLORIDA

### **COVER LETTER**

	ustration Section of Corp			
SUBJECT:	DS M	iami Management L	LC	
sobsect.		Name of Lim	ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Cheung Lung	Siu	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	3
7279 SW Ascot Ct			15 AUG 29 AM 11: 01	
			Address	<b>3</b> 9
		Portland, OR 97225		
			City/State and Zip Code	AH 11: 04
		chiaosiu@gn	nail.com	2
			to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please co	all:	
Cheung Lung Siu		Siu	at ( 503 ) 336-4	148
	Name of	Person	Area Code Daytime	Felephone Number
Enclosed is	a check for th	e following amount:		
<b>K</b> I \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	M. F. A. V. S. I	INC' A DEDDECC.	oteppt wo alled	d annecc.

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### DS Miami Management LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 07/26/2012 The Articles of Organization for this Limited Liability Company were filed on \_ and assigned L12000096899 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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

#### 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ting Yang		[i] Add
		10342 NW 30th Ter	
		Doral, FL 33178	<b>☑</b> Remove
			Change
		10966 NW 59th ST	
MGRM	Lang Yi Chen	Doral, FL 33178	
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Page 3 of 3

Filing Fee: \$25.00