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SEGNETARY OF STATE

COVER LETTER

Division of Corp			
SUBJECT: Fo	ursquare Rea	L Estate LLC.	
.	V Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Mil	Name of Person	
	Foursquare	Real Estate L	LC,
		Firm/Company	
	5806 Ma	esters Blvd,	
		Address	· · · · · · · · · · · · · · · · · · ·
	Onlando,	City/State and Zip Code Saudo Q yahoo. Com o be used for figure annual report notificati	
	100/1/1 - 1/	City/State and Zip Code	
	E-mail address: (to	be used for figure annual report notificati	on)
For further information ec	oncerning this matter, please ca		
Min	Lin	at (734) 925- 3 Area Code & Daytime Te	609
Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	e following amount:		
\$25.00 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)

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

FILED

2013 JUN -3 PM 12: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Foursquare R	eal Estate LLC.	
(<u>Name of the Limited Liat</u> (A Flor	eal Estate LLC. pility Company as it now appears of ida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	`the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	· •	
(Principal office address MUST BE A STREET AL	DDRESS)	
		······································
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
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 = Man MGRM = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Min Lin	5806 Masters Blvd, Inlando, [-L, 328,9	Add
<u>MGRM</u>	Qun Gu	5806 Maeters Blvd. Orlando, FL, 32819	Add Remove
			Add Remove

May, >9	2013
May. >9	
	ure of a member or authorized representative of a member
	Min Lin Typed or printed name of signee

Filing Fee: \$25.00

