## L14000030178

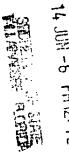
(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special instructions to Filing	Officer:

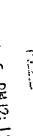
Office Use Only



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NECEIVED

B. BOSTICK

JUN - 6 2014

EXAMINER

COSSIN OF COMPLETE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LI.XIUJING.SALON.110, LI					
(Name of the Limite	A Florida Limited	ny as it now appears on our reco Liability Company)	ras.)		
The Articles of Organization for this Limited Lia Florida document number L14000030178	ability Company	were filed on 2/21/2014	and ass	igned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
N/A					
The new name must be distinguishable and end with the v	vords "Limited Lial	bility Company," the designation "I	LC" or the abbreviation "l	L.C."	
Enter new principal offices address, if applica	ible:	N/A			
(Principal office address MUST BE A STREET			<b>268</b>		
	<del></del>		The first		
				\$	::::::::::::::::::::::::::::::::::::::
Enter new mailing address, if applicable:		N/A		- <del>-</del>	
(Mailing address MAY BE A POST OFFICE L	3 <i>0X</i> )		200	~ <del></del>	-•
	<del></del>		No.		
				— <del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered o lce address her	ffice address on our recor <u>e</u> :	ds, enter the name	of the ne	<u>:w</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Florida street addi	ess		
			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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	XIUJING LI	1080 Woodcock Road, #2	295 <sub>□ Add</sub>
	•	Orlando, FL 32803	■ Remove
MGR	FRANVEST MANAGEMENT, LLC	1080 Woodcock Road, #2	95 _ Add
		Orlando, FL 32803	□ Remove
			Remove
			Remove S
<del></del>			PM 22:
	·	<del></del>	Remove
			□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove

if amending any other information, enter change(s) here: (Attack	additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	cannot be more than 90 days after
David (2/5 2014	
Dated, 2014	
(	
Sonature of member or authorized repre	sentative of a member
Eric R. Riess Ørganizer	

Page 3 of 3

Filing Fee: \$25.00

