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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA

Account Number : I20010000164 Phone : (305)893-8989

Fax Number : (305)891-7717

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Email</b>	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 900 NORTHLAKE LLC

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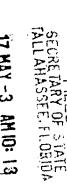
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

900 NORTHLAKE LLC				
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on e ed Liability Company)	our records.)	<del></del>	
The Articles of Organization for this Limited Liability Compa	and assigned			
Florida document number L16000104107				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designa	tion "LLC" or the ab	breviation "L.L.C	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:			=	PIE
(Principal office address MUST BE A STREET ADDRESS)	·		3	22
			- (3	- SS-
Enter new mailing address, if applicable:			H	EE, FI
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		Ö	025
			ົພ	ರ್ಷ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent:	office address on our erc:	records, enter	the name of	the ne
New Registered Office Address:				
Tien Hygielete Care Limited.	Enter Florida su	eet address		<del></del>
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Ager	<u>1t:</u>			

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

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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
MGR	LONG DENG	10063 SUNSET STRIP	
		SUNRISE, FL 33322	Remove
			☐ Change
MBR	LONG DENG	10063 SUNSET STRIP	
		SUNRISE, FL 33322	■ Remove
		10.000	Change
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			DAdd TSECRE
			SSEE F. F.
			3 CAN IO A STATE
			□ Remove
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			Add
			☐ Remove
			☐ Change

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District APRIL 12

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