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(Requestor's Name)

(Address)

(Address)

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DEPARTMENT OF STATE
2016 AUG 11 AM 9:00
14 AUG 11 AM 10:46



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 251333 7385716

AUTHORIZATION

COST LIMIT \$ 25.00

[Signature]

2014 AUG 11 AM 9:00
FILED

ORDER DATE : August 11, 2014

ORDER TIME : 10:17 AM

ORDER NO. : 251333-010

CUSTOMER NO: 7385716

FOREIGN FILINGS

NAME: MONTE OLYMPE, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Monte Olympe, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 05/20/2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

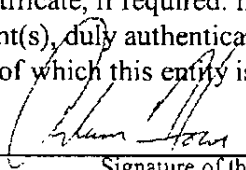
5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: The Manager of the limited liability company has been changed to:

Lai Mien, 405 El Camino Real, #226, Menlo Park, CA 94025

Mark Lyn, 405 El Camino Real, #226, Menlo Park, CA 94025

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Adam Howe

Typed or printed name of signee

Filing Fee: \$25.00

FILED

2014 AUG 11 PM 9:00