

L08000077720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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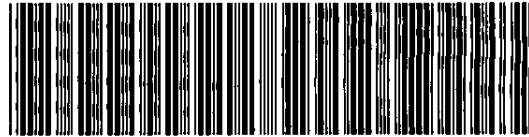
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 19 PM 1:14

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J. SAULSBERRY
EXAMINER

MAY 20 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVING HUT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nhuyen Dao
Name of Person
LOVING HUT LLC
Firm/Company
5445 Saint Regis Way
Address
Port Orange FL 32128
City/State and Zip Code
Lovinghutorlando@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Nhuyen Dao at (516) 587 2128
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

LOVING HUT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/13/2008 and assigned Florida document number L08000077720.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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TALLAHASSEE, FLORIDA

5445 Saint Regis Way
Port Orange FL 32128

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:

NGUYEN DAO

New Registered Office Address:

5445 Saint Regis Way

Enter Florida street address

Port Orange

City

Florida

32128

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.

Nguyen Dao
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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NHUYEN DAO	5445 Saint Regis Way Port Orange, FL, 32128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TRONG HUYNH	5445 Saint Regis Way Port Orange, FL, 32128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAVID TRAN	3649 NW 16th Blvd Gainesville, FL, 32608	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NGUYEN PHAM	1636 TALON CT KISSIMMEE, FL, 34746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May, 15, 2011



Signature of a member or authorized representative of a member

NHUYEN DAO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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