110000047706

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(Address)					
(Ad	dress)				
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SECRETARY OF STAT

COVER LETTER

Division of Co	rporations				
SUBJECT:	THO	i DAI 1, LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	•		
Please return all correspondent	ondence concerning this matter	to the following:			
		YEN NGUYEN			
		Name of Person			
		Firm/Company			
			•		
	529	9 E CHURCH AVENUE			
		Address			
	L	ONGWOOD FL 32750			
City/State and Zip Code					
	YENKIEN99@GMAIL.COM				
	E-mail address: (to be used for future annual report notifica	ation)		
For further information of	concerning this matter, please of	call:			
\/ <u></u>	'NI NIOLIVENI	-			
	N NGUYEN of Person	at (714) 4 Area Code & Daytime	71-8145		
· · ·		raca con a Dayana	receptoric remined		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 Section 1 Section 2 Sectio		

TO:

Registration Section

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

HOI DAI 1, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
, and the same of
The Articles of Organization for this Limited Liability Company were filed on 5/04/2010 and assigned
Florida document number L10000047706
This arrandment is submitted to arrand the fallowing.
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)
Trucipal office sautes most be ASTREET ADDRESS
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Posistand Office Address
New Registered Office Address: Enter Florida street address:
Enter Florida street address
, Florida 555 5
City Coeta
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 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>	Address	Type of Action
MGRM	HUNG TANG NGUYEN	529 E CHURCH AVENUE LONGWOOD FL 32750	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	-
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 Dated	9:-28 - 2012,		<u></u>
		'f'UU 119.UL CU ber or authorized representative of a member	
	Тур	YEN NGUYEN ed or printed name of signee	

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Filing Fee: \$25.00