L05000032834

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05/26/23--01019--009 **25.00

COVER LETTER

TO: Registration S Division of Co			
	EVELOPMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Ngo, Minh Q		
		Name of Person	
	Q & N DEVELOPMENT	LLC	
		Firm/Company	
		Address	
	2506 SHADY OAK		رسيا د م
	PANAMA CITY, FL 32408		
For further information	E-mail address: (concerning this matter, please e	to be used for future annual report not all:	ification) . (5)
Minh Ngo		850 598-0027	
Name	of Person	Area Code Daytin	ne 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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O & N DEVELOPMENT LLC (Name of the Limited Liab lity 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 $\frac{10/15/2021}{10}$ and assigned Florida document number 1.05000032834 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MGRM	Ngo, Minh Q	2506 Shady Oak CtPanama City, FL 32408	□ Add
			≣Remove
			□Change
MGRM	TRuong Thi Tu Phuong	412 Bally Way Niceville Florida 32578	= Add
			□Remove
			□Change
			□Add
			☐ □Remove
			□Change
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ective date, if other than the date of filin effective date is listed, the date must be specific and e: If the date inserted in this block does not ument's effective date on the Department of S	cannot be prior to date of filing c eet he applicable statutory f		g.) Pursuant to 605.02
cord specifies a delayed effective date, but not sfiled.	an effective time, at 12:01 a.	m, on the earlier of: (b) T	he 90th day after th
ed 05/10/2023			
	1 //		
	nember or authorized representa	eine ai'n manibar	

Filing Fee: \$25.00