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	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
	Office Use Only
2017 DEC -4 AN USE	ALLAHASSEE.



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2017 DEC -4 PM 1:52
SECRETARY OF STATE

K. SALY DEC - 7 2017

COVER LETTER

	Registration Sect Division of Corpo		*	*
SUBJECT	Γ:	EL-Dorado Name of Lin	Properties, 110	2
The enclos	sed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please retu	urn all correspond	lence concerning this matter	to the following:	
		Thi H	uong Nguyen	
		EL	-Dorado Prope	rties 11c
			0. Box 2603	
			City/State and Zip Code	686
		E-mail address:	yen 47 6 a wall. (to be used for future anothal report not	COW-
For further	r information con	cerning this matter, please c	all:	
T	Name of	erson	at (<u>813</u>) <u>431-</u> Area Code Daytin	5321 ne Telephone Number
Enclosed i	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

TO ARTICLES OF ORGANIZATION OF

•	OF	FILEN
	y Company as it now appears on Limited Liability Company)	OS 211 CONTREC-1 PM 1:52 OUT records.) SECRETARY OF STATE 17/2006 and assignments.
The Articles of Organization for this Limited Liability Co	ompany were filed on9/	7/2006 and assignment
Florida document number	<u>5</u> .	· • · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	treet address
		, Florida
	City	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 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

or removed from our records:

M€R = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Huong Chau	P.O. Box 260361	
		Tampa, FL 33685	Remove
			Change
ANBR	Thi Huong Ngayen	P.O. Box 260361 Tampa, FL 33685	Q Add
		Tampa, FL 33685	☐ Remove
	,	•	Change
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			□ Remove
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fective d	ate, if other than t	he date of filing:	•		(optiona	D
m effective	date is listed, the date	must be specific and o	cannot be prior to d	ate of filing or more tha	ın 90 days after filir	ig.) Pursuant to 605.020 te will not be listed a
	effective date on the			statutory rining requ	memena, ms da	ic will not be listed a
record	specifies a delay	ved effective da	ate, but not a	n effective time,	at 12:01 a.m	. on the earlier o
THE 900	h day after the i	ecora is filea.				
ited	lovember	27,	2017	-		
-		Signature of a m	ember or authorize	ed representative of a n	nember	
						
		1 1	Typed or printed na	Nervi		

Page 3 of 3

Filing Fee: \$25.00