# 0700092699

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (1.001000)                              |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Entry Name)                   |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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10/23/07--01018--014 \*\*25.00

## **COVER LETTER**

| TO: Registration Se<br>Division of Con |   |            |  |  |
|--|---|------------|--|--|
| SUBJECT:                               | 7 day [<br>(Name of Li                    | mited i    | ability Company)   |  |
| The enclosed Articles of               | `Amendment and fee(s) are sub             | omitted f  | or filing.   |  |
| Please return all corresp              | ondence concerning this matter            | r to the f | ollowing:  |  |
|  | Xuan                                      | <u>. C</u> | <u> </u>   |  |
|  | (   | Name of    | rerson)  | ALLAN TO   |
|  | (   | (Firm/Co   | mpany)   | HASSET   |
| 1                                      | 113 Eureka C                              | (Addre     | allahassee   | T 23 PH 1: 05 HASSEE, FLORI  |
| ·<br>                                  | 17 32212                                  | /State and | d Zip Codė)  | 70.00  |
| For further information                | concerning this matter, please of         | call:      |  |  |
| Gir                                    | (Name of Person)                          |            | at (\$50) \$93<br>(Area Code & Daytime                           | Telephone Number)  |
| Enclosed is a check for the            | following amount:                         |            |  |  |
| 3 \$25.00 Filing Fee                   | S30.00 Filing Fee & Certificate of Status |            | S55.00 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

|                | 1 day Soa ILC   |
|----------------|---|
|                | (A Florida Limited Liability Company)   |
|                |   |
|                |   |
| FIRST:         | The Articles of Organization were filed on 9/10/07 and assigned document number L07000092699. |
| SECOND:        | This amendment is submitted to amend the following:   |
|                | I would like to amend to change   |
|                | Xuan Do MGR to MGRM   |
|                | I would like to amend to add  |
|                | Kinh Baker MGRM. Pos 9  |
| •              | 3495 Thomasville Rd suit 204 Pr 9   |
|                | Tallahassee F1 32309.   |
|                | mo = 1  |
|                | ORNI OS   |
| •              | P   |
|                |   |
|                | ·   |
| Dated <u>O</u> | 4. 73 , 2007.   |
|                |   |
|                |   |
|                | Signature of a piember or authorized representative of a member                               |
|                | Xuaa Da   |
| •              | Typed or printed name of signee   |

Filing Fee: \$25.00