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SECRETARY OF STATE

T. HAMPTON

NOV 17 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp							
subject: Loan Ph	am. LLC		п				
(Name of Limited Liability Company)							
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.					
Please return all correspon	dence concerning this matter t	to the following:					
	David A. Sapp						
(Name of Person)							
David A. Sapp, P. A.							
(Firm/Company)							
801 East Cervantes Street, Ste B							
(Address)							
Pensacola, Florida 32501							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
David A. Sapp dav	id@davidsapplaw.com	at (850) 475-0500					
(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

(<u>Name of the Limited Li</u> (A Fl	LOAN PHAN ability Compar orida Limited L		our records.)	
The Articles of Organization for this Limited Liabi	ility Company	were filed on October	6, 2008	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liabi	ility company here:		
Pham-Vo, LLC (this name ch	nange shall be	effective as of Novemb	per 12, 2008)	
The new name must be distinguishable and end with the "L.L.C."	he words "Limit	ted Liability Company,"	the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicab	le:	NO CHANGE		
(Principal office address MUST BE A STREET)	ADDRESS)			
			\$E(
				Administration of the Control of the
Enter new mailing address, if applicable:		NO CHANGE	ASS T	Construine Construine
(Mailing address MAY BE A POST OFFICE BOX)			Ma E	
			8 A	
B. If amending the registered agent and/or registered agent and/or the new registered offic			ecords, enter th	
Name of New Projectored Assets	NO CHANGE			
Name of New Registered Agent:				
New Registered Office Address:		(D.)	72 1 1 1 1 1	
		(Enter I	Florida street addi	ess)
		(0)	, Florida	(7: C 1)
		(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 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 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

Title <u>Name</u> **Address** Type of Action MGRM Hieu Vo 707 Bucksaw Drive **₽** Add Pensacola, Florida 32506 Remove _ Add 🗖 Remove **₼** Add Remove Add
 Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 2008 Dated November 12 Signature of a member or authorized representative of a member Loan Pham, MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00