

L10000127126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

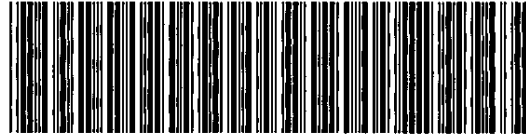
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200258827452

04/14/14--01011--025 **30.00

FILED

2014 APR 14 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lucky DS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phalla Thing
Name of Person

Lucky DS LLC
Firm/Company

1327 E. Silver Springs Blvd.
Address

Ocala, FL 34470
City/State and Zip Code

hhppt12@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Phalla Thing at (352) 484-9506
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

Lucky DS LLC

(Name of the Limited Liability 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 April 9, 2014 and assigned
Florida document number 210000127126.

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)

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:

Phalla Thing

New Registered Office Address:

1327 E. Silver Springs Blvd.

Enter Florida street address

Ocala

City

Florida

34470

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 14 PM 2:58

FILED

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Phalla Thing	1327 E. Silver Springs Blvd	<input checked="" type="checkbox"/> Add
		Ocala, FL 34470	<input type="checkbox"/> Remove
AMBR	Hong Huy Phok	1327 E. Silver Springs Blvd	<input checked="" type="checkbox"/> Add
		Ocala, FL 34470	<input type="checkbox"/> Remove
MGR	Sarah Phok	4265 SW 45th CT	<input type="checkbox"/> Add
		Ocala, FL 34474	<input checked="" type="checkbox"/> Remove
AMBR	David Phok	4265 SW 45th CT	<input type="checkbox"/> Add
previous Registered agent		Ocala, FL 34474	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

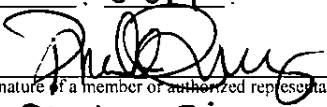
FILED
2014 APR 14 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 9 2014



Signature of a member or authorized representative of a member

Phalla Thing

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 APR 14 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA