

L11000079714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 OCT 19 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 20 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVERGREEN FOOD MARKET 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:

Dung Doan

Name of Person

Firm/Company

10611 Stradford Row

Address

Orlando, FL. 32817

City/State and Zip Code

dzgdoan@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dung Doan

Name of Person

at (407)

3252838

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

FILED

2011 OCT 19 AM 11:45

EVERGREEN FOOD MARKET LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) PALM HARBOR, FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/11/2011 and assigned
Florida document number L11000079714.

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)

10611 Stradford Row

Orlando, FL. 32817

**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:

New Registered Office Address:

Enter Florida street 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HOANG, LETHU, T	12066 Collegiate Way Orlando, FL 32817	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HOANG, JOCELYNN	12066 Collegiate Way Orlando, FL 32817	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HOANG, QUETRAN	12066 Collegiate Way Orlando, FL 32817	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DOAN, DUNG	12066 Collegiate Way Orlando, FL 32817	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Change EIN to the new one (45-3595292)

Dated Oct 12, 2011


Signature of a member or authorized representative of a member

DUNG DOAN
Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE, FLORIDA