

L12000054047

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DP PRODUCT 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:

JOHNNY PHAM

Name of Person
DP PRODUCT LLC.

Firm/Company
6910 N LOIS AVE

Address
TAMPA FLORIDA 33614

City/State and Zip Code
DPCARCARE.USA@GMAIL.COM

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

For further information concerning this matter, please call:

JOHNNY PHAM

813 765-4567

at ()

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**

DP PRODUCT 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 04/20/2012

Florida document number L1200005-4047

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAME NAME: DP PRODUCT LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

SAME ADDRESS: 6910 N LOIS AVE. TAMPA FL. 33614.

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME MAILING

(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:

NGA THUY NGUYEN

New Registered Office Address:

SAME: 6910 N LOIS AVE.

Enter Florida street address

TAMPA

Florida

33614

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NGA THUY NGUYEN (Partner 51% of business)	116 HO TUNG MAU, BEN NGHE QUAN 1	<input checked="" type="checkbox"/> Add
		HO CHI MINH CITY, VIETNAM	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHNNY PHAM (Partner 49% of business)	6910 N Lois Ave. Tampa Fl 33614	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated MAY 21, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee