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EXAMINER

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09/28/12--01010--002 **55.00

12 SEP 28 PH 2: 16
SECRETARY OF STATE



COVER LETTER

TO: Registration S Division of Co		Y.		
SUBJECT:	7	VQ LLC		
SCHOLLET.		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
			ALL	12 S
		UNG H QUACH	N T	D LINCON
		Name of Person		2 2 quant
				요 글로 하루
		Firm/Company		2: 16
7601 Ocean I		601 Ocean Harbor Ln	A	im on
		Address		
		Tompo El 22615		
		Tampa, FL 33615 City/State and Zip Code		
For further information	E-mail address: (concerning this matter, please (to be used for future annual report not	ification)	
roi futulei information	concerning ans matter, please of	.aii.		
	Ing H Quach	at (813)	843-7500 me Telephone Number	
Name	of Person	Area Code & Dayn	ne 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 enclose	S60.00 Filing Fe Certificate of S ed) Certified Copy (additional cop	Status &
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF	12 SEP 28
TVQ LLC (Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	PA CORE

(A F	lorida Limited Liability Company)		
The Articles of Organization for this Limited Liab	oility Company were filed on	eptember ⊡1, ⊡01⊡	and assigned
Florida document numberL11_0000606	<u>71 </u>		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here	2:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			·
	Enter Florida street address		,
	<u></u>	, Florida	
	City	2	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>	Address	Type of Action
MA CRAW	Hung H Quach	7603 Ocean Harbor Ln Tampa, Fl. 33615	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			-
			_
Dated	September 21 30	0132.	
		r or authorized representative of a member Ung H Quach	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00