## L130000 67767

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	)
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## **COVER LETTER**

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cup ii:		GANS, LLC	•	
SUBJE	UI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		LEYLA SCAPARONE		
			Name of Person	
		JOHN P. MAAS, P.A.		
			Firm/Company	<u> </u>
		44 NE 16TH STREET		
		<u> </u>	Address	·
		HOMESTEAD, FLORIDA	N 33030	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	etification)
For furtl	ier information c	oncerning this matter, please c	all:	
LEYLA	SCAPARONE		305 247-7132	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	d is a check for th	ne following amount:		
	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
Division of Corporations		Division of Corporations		
	P.O. Box 632	7	The Centre of	Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LE'S L	ONGANS, LLC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L13000067767}{L13000067767}$	any were filed on 05/08/2013	and assigned
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 contain the words "Limited I	.iability Company," the designation "L1.C" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		DEU SEP 24 AM 10:
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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>	Address	Type of Action
AMBR	MY QUAN LE	6486 CHESTNUT GLEN DRIVE	🗆 Add
		NORCROSS, GEORGIA 30071	≣Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remod SEPEL AND ASSETS
			ASSEE, FL
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chanve

B	inh Nguyen and Linda Thanh Ngo, husband and wife, own 100% of Le's Longans, LLC.	_
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(If an effective Note:   I	re date, if other than the date of filing:	
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day at d.	fter the
Dated _	14, Gestember . 2020	
	Signature of a member or authorized representative of a member	
	MY QUAN LE	

Filing Fee: \$25.00

Typed or printed name of signee