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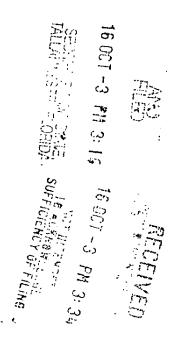
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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D. ERUCE OCT 03 2016

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	TALLY	THAILLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LAE PH	Name of Person			
		Name of Person			
		Firm/Company	<u> </u>	•	
	2019 34	ELLE VUE WAY	1		
	tallahasse	+L 3230L	(
		City/State and Zip Code	:	16 B	
	E-mail address: (to be used for future annual report notifica	ation)		111-
For further information of	concerning this matter, please c	all:	,		
Name (of Person	at () Area Code Daytime T	elephone Number		
				19 PE	
Enclosed is a check for t	he 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**

TALLY THAIT_LC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 430008946.	y were filed on	-21-13	and assigned
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited lial	bility company here:		
LAE PHOVANGPHET LLC.	_		
LAE PHOVAN APHET LLC. The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			3 60 5
	4	J	7 G G G G G G G G G G G G G G G G G G G
			ώ i
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			- 3
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		records, enter	the name of the new
Name of New Registered Agent:		•	<u>.</u>
New Registered Office Address:	41174 477 474		
	Enter Florida st	reet address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		

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 = Ai	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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-	•		□ Remove ·
		W	□ Change
			Add
			☐ Remove
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fective date, if	other than th	he date of filing:			00	(optional)		Ne nana
ote: If the date i	nserted in this	nust be specific and o block does not me	eet the applic	able statutory fi	ling requirer	nents, this date	will not be lis	sted as
cument's effect	ve date on the	Department of Sta	ate's records.					
record spec	fiec a delay	ed effective da	ata hut no	t an effectiv	e time at	12·01 a m	on the ear	lier of
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Filing Fee: \$25.00