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В. «

JAN 18134

F. ... 35

COVER LETTER

Division of Corporations	
SUBJECT: TVR Investments 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:	
Mame of Person TVR Investments LLC Firm/Company	
11208 HUX/BY AJE Addréss	
OFL FL 37837 City/State and Zip Code	
E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Person at (407) 808 7084 Area Code Daytime Telephone Number :	
Enclosed is a check for the following amount:	C,
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

he Articles of Organization for this Limited Li	and assigned	
lorida document number <u>L 13000</u>	132612	
his amendment is submitted to amend the follo	owing;	
. If amending name, enter the new name of	the limited liability company here:	
ne new name must be distinguishable and end with the	words "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if application	, , ,	52 se
Principal office address MUST BE A STREE	· · · · · · · · · · · · · · · · · · ·	r-, ,
-rincipal office address MOST BE A STREE	<u> </u>	
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)
nter new mailing address, if applicable:		. ************************************
(Mailing address MAY BE A POST OFFICE BOX)		artini artini artini artini
		. ()
s. If amending the registered agent and/egistered agent and/or the new registered of	or registered office address on our r	ن ت
	<i> </i>	D
Name of New Registered Agent:	Las, Alec	/ .
New Registered Office Address:	Cao, Hieu 7070 Harbor P Enter Florida street	oint Blod
	Enter Florida street	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Chung, Vinh	11708 Huxley AVE	Add
		OFL FL 32837	Remove
MGR	Cao, Hier P.	7070 Harbor Point	₩ Add
		OFL FL 32835	Remove
			
			m.*)
			□ Remove
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			Remove
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· · · · · · · · · · · · · · · · · · ·			□ Add
			Remove

D. If amending any other information, enter change(s) here: (Attach addition	l sheets, if necessary.)
C. Effective date, if other than the date of filing:	ore than 90 days after
the date this document is filed by the Florida Department of State)	
Dated 01/14/14	
Signature of a member of authorized representative of the signal of signal authorized representative of the signal of	a member
Vinh D Chune	
Typed or printed name of signee	**************************************

Page 3 of 3

Filing Fee: \$25.00