

L13000136749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

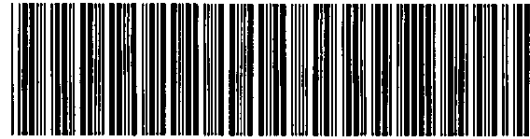
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 19 2014  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PHO - REAL  
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:

QUYEN DUONG  
Name of Person

PHO-REAL, LLC  
Firm/Company

316 CALLIOPE ST  
Address

OCFEE, FL 34761  
City/State and Zip Code

Cathyduong2001@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

QUYEN DUONG at ( 407 ) 409-6343  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

PHO - REAL

(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 9-25-2013 and assigned

Florida document number 46-3730217 EN / L13000136749

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

New address

2910 MAGUIRE ROAD

OCFEE, FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

316 CALLIOPE ST

OCFEE, FL 34761

**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:

QUYEN DUONG

New Registered Office Address:

316 CALLIOPE ST

Enter Florida street address

OCFEE

City

, Florida

34761

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 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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<del>MGR</del> /AMBR	KHOA DUONG	316 CALLIOPE ST	<input checked="" type="checkbox"/> Add
		OCDEE FL 34761	<input type="checkbox"/> Remove

<del>MGR</del> /AMBR	DAVID HOLLGHTON	2724 COVENTRY LANE	<input checked="" type="checkbox"/> Add
		OCDEE FL 34761	<input type="checkbox"/> Remove

AMBR	TONY TOAN LE	316 CALLIOPE ST	<input checked="" type="checkbox"/> Add
		OCDEE FL 34761	<input type="checkbox"/> Remove

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			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA  
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Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated September 11, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

RUYEN DUONG  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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