(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporation			
SUPJECT: T N	AILS OF TA	LLAHASSEE, LLC ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	·
	THINH	V TRAN Name of Person	······································
	Num Comm	Firm/Company	
	1910 SAGE	Address	
		E FL 32303 City/State and Zip Code Cg mail. com	3
	Juna 2560	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information con	cerning this matter, please ca	ali:	
Thinh Train	erson	404 917 - Daytime	7595 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 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

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	Liability Company were filed on		and assigned
Florida document number			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :	
	·		
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			∴ 20 N
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
·			6
B/ If amending the registered agent and registered agent and/or the new registered of	l/or registered office address of office address here:	n our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:	THINH U TRAI	٧	·
New Registered Office Address:		la Rt, #D	
	Tallahassee	, Florida	32303
	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 Title <u>Name</u> <u>Address</u> Type of Action 2763 Westbrook C+ SON U VU MGR □ Add Tallahassee FL 32303 Remove ☐ Change 1910 Sagebrook dr NGL THINH V TRAN Tallahassee, FL 32303 □ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add □ Remove □ Change ☐'Remove ☐ Change □ Add ☐ Remove □ Change

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red <u>04/27/2016</u> ,			
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m	on the e	arlier d
n effective date is listed, the date must be specific and cannot be prior to date of filings. If the date inserted in this block does not meet the applicable statutor current's effective date on the Department of State's records.	ng or more man 90 days after film	g.) Pursuant to e will not be	005.020 : listed a
ective date, if other than the date of filing:	(optional		======================================
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Filing Fee: \$25.00