

L14 0000 23268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

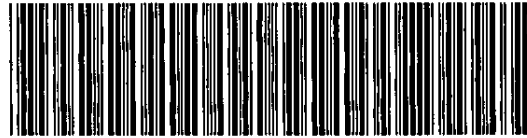
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

William Watson Trick, Jr. P.A.

Attorney & Counselor at Law

1216 East Atlantic Blvd. Suite 7

Pompano Beach, Florida 33060

Telephone: (954) 942-9774

Facsimile: (954) 942-9223

E-mail: billtrick@northbrowardlaw.com

September 9, 2014

Via Fedex tracking No. **771092549589**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization
ANDUC INVESTMENT, LLC

Dear Madam/Sir:

Enclosed herewith please find original and one copy of Articles of Amendment to Articles of Organization of **ANDUC INVESTMENT, LLC**, together with this firm's check no. 555 in the sum of \$60.00 for the filing fee and requested certified copy and requested certificate of status.

Please file the enclosed Articles of Amendment and return the requested certified copy and certificate of status to the undersigned.

If you have any questions or require anything additional, please do not hesitate to contact our office. Thank you.

Very truly yours,



William Watson Trick, Jr.
WWT/tbs

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANDUC INVESTMENT, 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:

William Watson Trick, Jr.

Name of Person

William Watson Trick, Jr., P.A.

Firm/Company

1216 East Atlantic Blvd., Suite 7

Address

Pompano Beach, FL 33060

City/State and Zip Code

billtrick@northbrowardlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Trick

Name of Person

at **(954) 942-9774**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

ANDUC INVESTMENT, LLC

(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 02/11/2014 and assigned
Florida document number L14000023265.

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)

6411 SW 16 St.

North Lauderdale, FL 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6411 SW 16 St.

North Lauderdale, FL 33068

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:

New Registered Office Address:

Enter Florida street address

City, Florida

City

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TALLAHASSEE FLORIDA

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>
MGR	Joseph Pinto	6421 Congress Avenue	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33487	
AMBR	Duc C. Ho	4916 NW 52 Avenue	<input checked="" type="checkbox"/> Add
		Coconut Creek, FL 33073	<input type="checkbox"/> Remove
AMBR	Quoc Nguyen	6411 SW 16 St.	<input checked="" type="checkbox"/> Add
		N. Lauderdale, FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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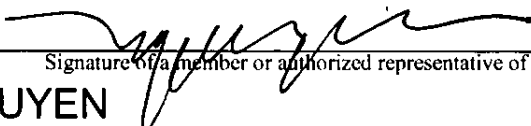
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 9, 2014



Signature of a member or authorized representative of a member
QUOC NGUYEN

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA