L140039574

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2016 FEB 25 P 12: 28
SECRETARY OF STATE
LORIDA

FEB 26 2016 BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2016

HOANG DUC TRAN 4717 49TH ST N ST. PETERSBURG, FL 33709

SUBJECT: KIEN'S CAFE LLC Ref. Number: L14000039574

We have received your document for KIEN'S CAFE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority is was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simpty click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 416A00002720

2016 FEB 25 P 12: 28

www.sunbiz.org

COVER LETTER

TO:	Registration Se Division of Cor					
SURT	É KIEN'S CA					
SODG			nited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Hoang Duc Tran				
			Name of Person			
		Mary.	Firm/Company			
		4717 49TH ST N				
			Address			
		ST. PETERSBURG, FL 3	3709	三	2016	
		Kevintran_2168@yahoo.cc		AHAS	FEB 2	
For fur	ther information c	E-mail address: (to be used for future annual report notifi	cation) 77 05 51	25 P 12:	
Ariel I	Nguyen	CD	at () 3017587	Sin	28	
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified C (additional co	of Status opy	

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

KIEN'S CAFE LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited	Liability Company were filed on	03/10/2014 and assigned
Florida document number NONE	·	•
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
BIDA 4U LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE		
	LI ADDRESS)	P. 0. 22
	-	
Intou nouv moiling adduces if anniling la		
Enter new mailing address, if applicable:		जार जान्द ज
Mailing address MAY BE A POST OFFICE	<u> </u>	
		
If amonding the moderned and and	1/	and the same of th
 If amending the registered agent and egistered agent and/or the new registered of the new registe	office address here:	on our records; enter the name of the
Name of New Registered Agent:	HOANG DUC TRAN	
New Registered Office Address:	4717 49TH ST N	
	Enter F	lorida street address
	St Petersburg	, Florida 33709
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	HOANG DUC TRAN	4717 49TH ST. N ST. PETERSBU	RG FL33109 = Add
			□ Remove
	·		☐ Change
AMBR	DITLY		□ Add
		4717 49TH ST. N ST. PETERSBU	KC1 FL 33709 ■ Remove
			Change
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cument's effective date on the Department of State's rec	coras.					
record specifies a delayed effective date, bu	it not an e	ffective tir	ne at 17 [,]	∩1 a	m on	the earlie
The 90th day after the record is filed.		irective th	iic, at 12.	O1 U.	1,11. 011	the carne
71	1					
ted February 5th 2016						
Stan 12						
Signature of a member of	r authorized re	presentative o	f a member			·-···

Page 3 of 3

Filing Fee: \$25.00