# 1140000 39704

(Requestor's Name)
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## COVER LETTER

Division of Co	rporations					
ERICK & SUBJECT:	ERICK & JESSICA LLC  Name of Limited Liability Company					
<u></u>						
The constant Audiological	S. S	16. 61.				
	f Amendment and fee(s) are sub	_				
Please return all corresp	ondence concerning this matter	to the following:				
	ERICK DINH					
	UDICK & WESTCALLO	Name of Person				
	ERICK & JESSICA LLC					
		Firm/Company				
	6126 WINTHROP TOWN	CENTRE AVE				
	RIVERVIEW, FL 33578	Address				
	ERICKDINH@YAHOO.C	City/State and Zip Code				
	E-mail address: (	to be used for future annual re	port notification)			
For further information	concerning this matter, please c	ali:				
ERICK DINH		469 274-1	946			
Name	of Person	Area Code	Daytime 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 Statu. ed) 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, F1, 32301

## TO ARTICLES OF ORGANIZATION OF



**ERICK & JESSICA LLC** 

2019 SEP 1

## (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 Lia	ability Company were filed on 03/10/2014 and
Florida document number L14000039704	<del> </del>
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE E	BQX)
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered office address on our records, <u>enter the narfice address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Ce

## 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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dbeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered /

#### or removed from our records:

MGR = Manager

	-	-					
١	١	ŀ	BR	=	Auth	orized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Typ</u>
AMBR	NANCY NGUYEN HO	11339 HUDSON HILLS LANE RIVERVIEW, FL 33579	<b>E</b>
AMBR	THANH LIEM KHAC DO	11118 LELAND GROVES DR RIVERVIEW, FL 33579	<b></b>
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Note: If the	date, if other than the date of the date is listed, the date must be specified date inserted in this block does as effective date on the Department	08/31/2019  filing:
If the record (b) The 90	f specifies a delayed effecti th day after the record is fi	ve date, but not an effective time, at 12:01 a.m. on the ealed.
DatedA	AUGUST 26	2019
***************************************	EMUM Signature	of a member or authorized representative of a member
	ERICK DINH	
		Typed or printed name of signee

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Filing Fee: \$25.00