

L14 000 110541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

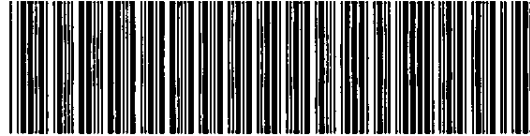
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 FEB -9 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Business FEB 16 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pham capital 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:

TRACY PHAM  
Name of Person

PHAM Capital LLC  
Firm/Company

4268 Bocaire BLVD  
Address

Boca Raton FL 33487  
City/State and Zip Code

Tracy.preal@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Pham at ( 305 ) 942-7730  
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 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**

PHAM Capital 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 05-25-2014 and assigned Florida document number L14000110541.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PHAM Capital LLC

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)

4001 S Ocean Dr #9N  
Hollywood FL 33019

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4001 S Ocean Dr #9N  
Hollywood FL 33019

**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:

TRACY PHAM

New Registered Office Address:

4001 S Ocean Dr #9N

Enter Florida street address

Hollywood

City

, Florida

33019

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.*

plw  
**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	TRACY PHAM	4001 S Ocean Dr #9N	<input checked="" type="checkbox"/> Add
		Hollywood FL 33019	<input type="checkbox"/> Remove
MGR	Thomas E Gestrich	4001 S Ocean Dr #9N	<input checked="" type="checkbox"/> Add
		Hollywood FL 33019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 11-15-00 BY 1588-9 AM 0200  
15 FEB 9 1588-9 AM 0200

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

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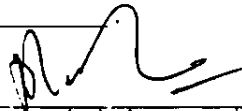
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 02-02-2015



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

TRACY PHAM

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

Page 3 of 3

Filing Fee: \$25.00

FILED  
15 FEB -9 AM 9:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA