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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 28 2015

J SHIVERS

## 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

630 S Sapodilla AVE #1 PH 507  
Address

W Palm Beach FL 33401  
City/State and Zip Code

Tracypreal@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) 942-7930  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 11-09-2014 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:**

The new name must be distinguishable and contain 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)

630 S Sapodilla Ave  
#PH 507 W Palm Beach  
FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

630 S Sapodilla Ave  
#PH 507 W Palm Beach FL  
33401

**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:

630 S Sapodilla Ave #PH 507

Enter Florida street address

FL, Florida 33401

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>	<u>Type of Action</u>
MGR	TRACY pham	630 S Sapodilla AVE *PH	<input checked="" type="checkbox"/> Add
		FL 33401	
		507 West palm Beach	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KHoi M Ly	5141 Lindell RD #104	<input checked="" type="checkbox"/> Add
		Las Vegas NV 89118	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 JUL 27 AM  
SECRETARY OF  
ITALY MASSIMO

15 JUL 27 AM 7:38  
SECRETARY OF STATE  
WASHINGTON, FLORIDA

Dated 07-24-2015.

\_\_\_\_\_  
 per or authorized representative of

TRACY Pham