

L14000 114444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

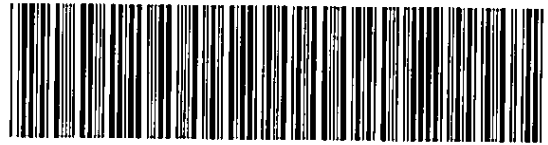
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/31/19--11:11:11 AM--11:11:11 AM

FILED

2019 AUG 15 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FL

AUG 16 2019
C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2019

WENDY PHAM
10916 ALTANTIC VLVD #11
JACKSONVILLE, FL 32225

SUBJECT: HWPHAM, LLC
Ref. Number: L14000114444

We have received your document for HWPHAM, 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):

Please check the type of action for Wendy F Pham either add,remove or change.

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) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 819A00016097

RECEIVED

2019 AUG 15 AM 10:39

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HWPham 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 7/21/2014 and assigned Florida document number L14000114444.

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)

10916 Atlantic Blvd #11
Jacksonville FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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

Florida

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	Wendy F Pham	1175 Bayshore Dr.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32233	<input type="checkbox"/> Remove
		2968 Mangrove Ave	<input type="checkbox"/> Change
AMBR	Hung Pham	Jacksonville, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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