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R. WHITE MAY 18 2020

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: HW Pham LLC, Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	wendy Pham Name of Person	
	wendy sNa; land Spa/HWPrem U	_(
	10916 Atlantic Blud Address	
	Jax Fl 32225 City/State and Zip Code	
	E-mail address: (to be used for future annual eport notification)	
For fur	rther information concerning this matter, please call:	
(Name of Person at (904) 444-4017 Area Code Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
□ \$ 2	25.00 Filing Fee	

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 **ARTICLES OF ORGANIZATION OF**

HWPre	whility Company as it now appears on our records.)
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on April 29,2020 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	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 AD	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new 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 Regist	ered 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 **Type of Action** <u>Title</u> Name 1 <u>Address</u> 1175 Bayshore dr. N AMBR Hung Pham Atlantic Beach FL 3233 - Remove □ Change □ Add _□ Remove _□ Change □ Add ☐ Remove __ Change ☐ Add □ Remove □ Change ☐ Add _□ Remove □ Change \square Add ☐ Remove ☐ Change

, ii aiiic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 292000 2020
	Signature of a member or authorized representative of a member
	Wendy Pharm Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00