## 14000138463

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2017

QUY NGUYEN 25935 WINNING COLORS WAY WESLEY CHAPEL, FL 33544

SUBJECT: CADDO24, LLC Ref. Number: L14000138463 2017 APR 11 AM 11: 30

We have received your document for CADDO24, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 617A00005877

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	CADBO 21	H LLC ited Liability Company	<u>.</u>
		Name of Limi	ied'Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Quy?	Hoang Nough	
		CADXO	24, LC Firm/Company	
		25935 W	inning Colors 1	Nay
		- Westery C	City/state and Zip Code	<del>51</del> 4
For fu	rther information co.	ncerning this matter, please ca	·	cation
Q	Wy Hoan of	Verson Juliew	at (815) 993 Area Code Daytime	Telephone Number
Enclos	sed is a check for the	following amount:		
□ \$2	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**

CADDO24, LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on	4/29/2016 and assigned
This amendment is submitted to amend the following:	note the number L14 ODO 13846 3.  Independent is submitted to amend the following:  Independent
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	manus a service
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on ou registered agent and/or the new registered office address here:	r records, enter the name of the new
Name of New Registered Agent: Name of New Registered Agent:	augen
New Registered Office Address: 25935 Winning	Todore Way
Wesley Chapel	, A

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR Quyen V. Nguyê	Quyer V. Nguyen		□ Add
	7 70		<b>☑</b> Remove
			☐ Change
<del></del>			Add
			□ Remove
			□ Change
			□ Remove
			☐ Remove
			Add
			Remove
			Change
		□ Add	
		Remove	
			Change
			Add
			□ Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
(If an ef <u>Note:</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	4/5/2017,
	my M
	Signature of a member or authorized representative of a member
	Quy Houng Names

Page 3 of 3

Filing Fee: \$25.00