L14000151955

(Re	questor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to	Filing Officer:		
		:	

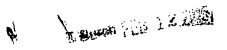




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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

Division of Corporations						
THINH AN TOFU & DELI, LLC SUBJECT:						
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.				
Please return all correspon	ndence concerning this matter to	o the following:				
	THUY MELINDA MAI	NG				
		Name of Person				
		Firm/Company				
	342 COCO PLUM CT	<u>.</u>				
		Address				
	OLDSMAR, FLORIDA	A 34677				
		City/State and Zip Code				
TMM.BIZORG@GMAIL.COM						
E-mail address: (to be used for future annual report notification)						
For further information co	ncerning this matter, please cal	1:				
THUY MELINDA M	ANG ,	813 390-2877				
Name of	Person		elephone Number			
Enclosed is a check for th	e 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)			
	1.					

MAILING ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2015

THUY MELINDA MANG 342 COCO PLUM CT OLDSMAR, FL 34677

SUBJECT: THINH AN TOFU & DELI, LLC

Ref. Number: L14000151955

We have received your document for THINH AN TOFU & DELI, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 315A00001817

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THINH AN TOFU & DELI,					
(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appears o Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number L14000151955	iability Company	were filed on 9/29	/2014	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here	:		
THINH AN KITCHEN & TOFU, LLC					
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the de-	signation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applic	able:	8104 W. WAT	ERS AVENUE		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of		TAMPA, FLOR	RIDA 33615		
				ARCTARY D	A STATE OF THE STA
B. If amending the registered agent and registered agent and/or the new registered of	or registered of ffice address her	ffice address on o e:	our records, <u>enter t</u>	he name of the r	ëv
Name of New Registered Agent:	THUY MELINDA MANG				
New Registered Office Address:	342 COCO	PLUM CT.			
		Enter Florida	street address		
	OLDSMAR		, Florida <u>346</u>	577	
		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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Type of Action** Title Name **Address** MGR THUY MELINDA MANG 342 COCO PLUM CT. **■** Add OLDSMAR, FLORIDA 34677 □ Remove **THOMAS MANG** MGR 232 MOBBLY BAY DRIVE □ Add OLDSMAR, FLORIDA 34677 Remove ☐ Remove ☐ Remove DAdd ☐ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
 -		
(The effe	rive date, if other than the date of filing:	
	Signature of a member or authorised representative of a member Ny Melinda Mang Typed or printed name of signee	
2	SECRETAR TALLAHASS	

Page 3 of 3

Filing Fee: \$25.00