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COVER LETTER

TO: Registration S Division of Co			
Thinh An SUBJECT:	Kitchen & Tofu LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Emily Mang		
		Name of Person	
	Thinh An Kitchen & Tofu	LLC	
	<u> </u>	Firm/Company	
	232 Mobbly Bay Dr.		
		Address	
	Oldsmar, FL 34677		
		City/State and Zip Code	
	emilymang0410@yahoo.co		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Melinda Mang		813 390-2877	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Thinh An Kitchen & Tofu LLC			
(Name of the Limi	ted Liability Company as it in (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited L. Florida document numberL14000151955		led on 9/29/2014	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability con	npany here:	
The new name must be distinguishable and contain the v	words "Limited Liability Comp	any," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applied	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered office ad	dress on our records, <u>er</u>	nter the name of the ne
Name of New Registered Agent:	Emily Mang		17 A
New Registered Office Address:	232 Mobbly Bay Dr.		1888 F
-		Enter Florida street address	
	Oldsmar	, Florid	
	City		TZip 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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Thomas Mang	232 Mobbly Bay Dr., Oldsmar, FL	
			= Remove
			Change
MGR	Emily Mang	232 Mobbly Bay Dr., Oldsmar, FL	Add
			Remove
			☐ Change
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ctive date, if other than the date	of filing:	(opti	onal)
effective date is listed, the date must be sport of the date inserted in this block do	ecific and cannot be prior to date of fil	ing or more than 90 days after	filing.) Pursuant to 605.03
iment's effective date on the Department	ent of State's records.	ity rinig requirements, this	date will not be fisted
ecord specifies a delayed effence of the specifies and leaved effect the record is		ctive time, at 12:01 a	ı.m. on the earlier
d July 28	2017		
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Filing Fee: \$25.00