

LS 000039217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

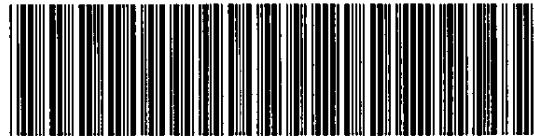
Special Instructions to Filing Officer:

RECEIVED

2017 MAY -1 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



000298521750

05/02/17--01004--003 **30.00

MAY 03 2017

S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY -1 PM 4:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pho Kim Long of Ocala LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Smith
Name of Person
Pho Kim Long of Ocala, LLC
Firm/Company
3101 SW 34th Ave. Suite 804 x 901
Address
Ocala, FL 34474
City/State and Zip Code
suzannesmith2@cox.net
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY - 1 PM 4:13

For further information concerning this matter, please call:

Suzanne Smith at (352) 817-0142
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Pho Kim Long of Ocala, 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 3/3/2015 and assigned Florida document number L15000039217.

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)

3101 SW 34th Ave. # 804-901
Ocala, FL 34474

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3101 SW 34th Ave. # 804-901
Ocala, FL 34474

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:

John Lee
100975 Hwy 441

Enter Florida street address

Belleview, Florida 34420

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.

John Lee

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	Suzanne Smith	5311 NE 2nd Ln Ocala, FL 34470	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dang Lam Thang	Tampa, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 MAY - 10 PM '14

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Hien Lam Title change to AMBR

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY - 1 PM 4: 14

E. Effective date, if other than the date of filing: Apr. 21, 2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Apr. 21, 2017.



Signature of a member or authorized representative of a member

SUZANNE SMITH

Typed or printed name of signee