415000050826

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
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S. YOUNG

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COVER LETTER

TO:	Registration Division of C			
SUBJE		OF FLORIDA. LLC		
SUBSE	C1.	Name of Lim	ited Liability Company	
		of Amendment and fee(s) are sub	-	
		Francis M. Boyer		
			Name of Person	
		Boyer Law Firm		7
			Firm/Company	16 No. 245
		9471 Baymeadows Road,	Suite 406	US-8 PH 12: 37
			Address	P
		Jacksonville, FL 32256		ابر ن ا
			City/State and Zip Code	
		office@boyerlawfirm.com		
		E-mail address: (to be used for future annual report no	stification)
For furth	ner informatior	n concerning this matter, please c	all:	
Francis	M. Boyer		904 236-5317	
	Name	e of Person	at () Area Code Dayti	me Telephone Number
Enclose	d is a check for	r the 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)
	MAI	ILING ADDRESS:	STREET/COUR	RIER ADDRESS:

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B.T.Q. OF FLORIDA, LLC		
(Name of the Lim	ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited I	iability Company were filed on 03/20/2015	and assigned
Florida document number L15000050826	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	5. 0
N/A		5
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.C."
Enter new principal offices address, if appli	cable: N/A	0 974
(Principal office address MUST BE A STRE	ET ADDRESS)	
		75 G
		4 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	l/or registered office address on our record	ls, enter the name of the new
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	N/A	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	
	E	louida
	City . F.	lorida 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.

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>	Address	Type of Action
MGR	QUOC THANH DOAN	3111 LINKSIDE COURT	
		FORT MILL, SC 29715	■ Remove
			☐ Change
			Add
			Remove
			□ Change
	-		□ Alld ARE OF A PROPERTY OF A
			PH CHârge CRIOA
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

Mr. QUOC THA	ANH DOAN is removed from the Company.	
Mr. QUOC THA	ANH DOAN is transferring his 50% ownership to the remaining Partner Mr. NGHIA C HOANG.	-
	IOANG is the only remaining Manager of the Company, owning 100% of the shares.	_
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effective date is listed et all the date inser	deer than the date of filing:	5.0207 (3 ted as the
	s a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earl ter the record is filed.	ier of:
ed 7-20	7-16	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00