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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Second Division of Corp			
CAOHOAN	NG, LLC		
SUBJECT:	Name of Lim	ited Liability Company	-
	Amendment and fee(s) are sub	-	
	John J. Kabboord, Jr.		
		Name of Person	<del></del>
	John J. Kabboord, Jr., PA		
	<del></del>	Firm/Company	_
	1980 N. Atlantic Ave., Su	ite 801	
		Address	
	Cocoa Beach, FL 32931		•
		City/State and Zip Code	_
	john@kabboord.com	to be used for future annual report notification)	-
For further information co	oncerning this matter, please c	•	
Karen Reeves		321 799-3388 at ( )	AS 22
Name of Enclosed is a check for the		Area Code Daytime Telephone Numb	MAY 12 RETARY AHASSE
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee Filing Fee Filing Fee Fee Cate of Status Fee Good Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

CAOHOANG, LLC			
(Name of the Lim	ited Linbility Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited I	Liability Compar	ny were filed on April 10, 2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lis	ability company here:	
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE	(BOX)		
		· · · · · · · · · · · · · · · · · · ·	A Si C
B. If amending the registered agent and	l/or registered	office address on our records, ent	er the name of the name
registered agent and/or the new registered			SSE 70
			T R F
Name of New Registered Agent:	n/a		C Property of the Party of the
New Registered Office Address:	n/a		AIE RNB
		Enter Florida street address	·
		, Florida	Zip Code
		City	zip Coae

## 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

Title	Name	<u>Address</u>	Type of Action
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		91776	□ Remove
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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block	specific and cannot be pri	or to date of filing or	more than 90 days aft	er filing.) Pursuar	nt to 605,020
cument's effective date on the Depart			ng requirements, u	us date will not	. De lizied e
record specifies a delayed ef The 90th day after the record		ot an effective	time, at 12:01	a.m. on the	earlier (
ted May 10,	, 2015				
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Page 3 of 3

Filing Fee: \$25.00