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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Pho 99 of Jacksonville, Ll	Pho 99 of Jacksonville, LLC			
	imited Liability Con	npany)		
The enclosed member, resignation or disso	ciation and fee(s	) are submitted for filing.		
Please return all correspondence concernin	g this matter to:	•		
Yen Do				
(Contact Person)		-		
Pho 99 of Jacksonville, LLC				
(Firm/Company)	·	<del>-</del>		
5024 Blanding Blvd				
(Address)		-		
Jacksonville, FL 32210				
(City/State and Zip Code)		-		
For further information concerning this ma	tter, please call:			
Yen Do	904 at (	361-3930		
(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed please find a check made payable \$25 Filing Fee		epartment of State for: Fee & Certified Copy		

## STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

### **MAILING ADDRESS:**

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ame 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  $\frac{09/01/2015}{1}$ \_\_\_\_\_ and assigned Florida document number L15000150873 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City 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** <u>Name</u> <u>Address</u> Type of Action Kim Tran MGR 8 Pellicer Lane □ Add St Augustine, FL 32084 Remove 8 Pellicer Lane ☐ Change MGR St Augustine, FL 32084 **≡** Add □ Remove ☐ Change □ Add □ Remove \_□ Change \_□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change <u>~</u>□ Ą'dd= ☐ Remove ☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an ef ote:	tive date, if other than the date of filing:    O
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.
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ated	Ven Do- 205/2
ated	Signature of a member or authorized representative of a member
ated	Signature of a member or authorized representative of a member  Ven Do  SERVICE  SER
ated	Signature of a member or authorized representative of a member  Typed or printed name of signee
ated	Signature of a member or authorized representative of a member  Typed or printed name of signee