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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	UT ST P Name of Limi	ETEL LLC ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are subr	mitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	VAN	IRAN Name of Person		
	FUJI ST	PETE LL C	<u>. </u>	
	5800 34	Address	ORTH	
<u>-</u>	ST. PETEKS FUTIST PE E-mail address: (t	City/State and Zip Code 7E @ q mal, L to be used for future annual report notific	SECRETARY TALLAHASSE TALLAHASSE	<u>п</u> = п
For further information conc	erning this matter, please ca	all:	E SE	j
Name of Pe	rson	at (727) 820 - Area Code Daytime	- 1809 $\frac{\omega}{\omega}$ Telephone Number	
Enclosed is a check for the f	ollowing 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)	

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

FUTL ST PETC (Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 10/20/2015	and assigne	ed
Florida document number <u>L 150 001 781 86</u> .	, .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili			
Enter new principal offices address, if applicable:	5800 34th STE ST. PETERS BURG, 1	EET NOI	eth
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERS BURG, 1	FC 3371	<u>4 </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of		ASS 55	the new
registered agent and/or the new registered office address here		FILE	; ;
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	021 32 102 13 103 13 103 13	
	, Florida	<u>-</u>	
	City	7in 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 = N AMBR = N	Мападег Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	LAN LE UYEN DOAN	4038 a WEST KENNEL	<mark>)Y_</mark> ¤ Add
		BUD	□ Remove
		TANPA, FC 33609	
MGR	VAN H. TRAN	1136 94th AVE N	🗆 Add
		STIPETENSBURG, FC 33	702 Remove
			Change
	·		☐ Remove
			SECOL Change
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			□ Change

ffective date, if other than the date of filing: (optional) (opt			
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Signature of a member or authorized representative of a member	ted	& Jun & 25th, 20/6	
Signature of a member or authorized representative of a member		minh	
		Signature of a member or authorized representative of a member	
		Typed or printed name of signee	

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Filing Fee: \$25.00