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SECRE FARY OF STATE
FALLAHASSEE, FLORIDA

MAR 21 2016 3. BRUCE

COVER LETTER

TO: Registration Secti Division of Corpo	on rations				
SUBJECT:	PHO BE Name of Limi	T H A ited Liability Company	NH		
The enclosed Articles of An	nendment and fee(s) are subt	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
		LEO DO	<u> </u>		
		Name of Person		· · · · ·	
	PHO	3 BEN T	THANIF	1 11 C	
		Firm/Company			
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	LUNGWO	OOD FL City/State and Zin Code	32730	<u> </u>	
	1. E0	City/State and Zip Code D 0 1 9 8 6 @	gmail.com	n	
	E-mail address: (t	o be used for future annua	report notification	,	
For further information con-	cerning this matter, please ca	ıll:		2016 MAR SECRETA	
LEO	Do	at (<u>586</u>)_	858 680	0/ 0:2:	Actions Sections 3- 8
Name of Po	erson	Area Code	Daytime Telepl	نب. ا _{لبنا}	
Enclosed is a check for the	following amount:			P 12: 02 F STATE .FLURIUA	O
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		□ \$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 BEN THANH 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 $01-15-2$ Florida document number 1600011235	2016	and as	ssigned
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 abbr	eviation "I	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 th		of the new
registered agent and/or the new registered office address here:	AHA AHA	FAR:	eropanana eropananan
	ARY SSE	<u>~</u>	T.
Name of New Registered Agent:	rm	U	
New Registered Office Address:	FLORIDA	<u> </u>	O
Enter Florida street address		02	
			······································
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.

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 = Ma AMBR = At	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	LEO DO	980 West SB 434	🗖 Add
		980 West SR 434 Longwood FL 32750	☐ Remove
			Change
			Add
	•		Remove
			Change
	······		
			□ Remove
			Change
			Add
		SE RETARY TALUAHAS SEE	₹ II
		Y OF STATE.	Add Remove
			☐ Change
	W		Add
	•		☐ Remove
			Change

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Effe	ctive date, if other than the date of filing: (optional) 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 605.020
Not	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will we be listed as
doca	ament's effective date on the Department of State's records.
the r	
) TI	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the 90th day after the record is filed.
	March 11, 2016.
	Jed/b
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00