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## **COVER LETTER**

TO:	Registration Section Division of Corporati	ons		5
SUBJ	ест: <u>р</u> {	no and Gril	LLC nited Liability Company	
The er	nclosed Articles of Amend	lment and fee(s) are sut	omitted for filing.	
Please	return all correspondence	concerning this matter	to the following:	
			Au, Binh Q	
			Name of Person	
			The and Grill LLC Firm/Company	·.
			Firm/Company	
		234	93 US Highway z	7
			Hodicis	
		Clerm	nont, FL 34711 City/State and Zip Code	
		lastri	edtar1@gmail.com	
				ncation)
For fu	rther information concerni	ng this matter, please c	all:	
A	u. Binh Q Name of Person		at (40) 409 5	133 .
	Name of Person	<b>i</b>	Area Code 'Daytin	e Telephone Number
Enclos	sed is a check for the follo	wing amount:		•
<b>7</b> 2∕\$2	25.00 Filing Fee ☐ S	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

Piho	and E	irill Uc		
(Name of the Limited Lia (A Flor	bility Company rida Lunited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number	y Company w 	rere filed on 07/2	8/2016	and assigned
This amendment is submitted to amend the following	¢.			
A. If amending name, enter the new name of the l	imited liabili	ty company here:		
N/A				
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD.		Company," the designation		16 10V 21
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1	N/A'		AH 9: 17
B. If amending the registered agent and/or re registered agent and/or the new registered office a	_	ce address on our	records, enter	the name of the new
Name of New Registered Agent:	Au, Bir	nh Q Invirons Blud	0	
New Registered Office Address:	2681 ?	Enter Florida street	et address	
	Or	lando	Florida	32818
*******		Ciù.		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>	Name	Address	Type of Action
MGR	Bui, Hieu Van	12829 Fish Lane Clermont, FL34711	_ □ Add
		Clermont, FL34+11	Remove
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	the date inserted in this block does not meet the are seffective date on the Department of State's re		ng requirements, this	date will not be listed
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he 90	d specifies a delayed effective date, but Oth day after the record is filed.		ume, at 12:01 a.	m. on the earlier
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Filing Fee: \$25.00