

116000154789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

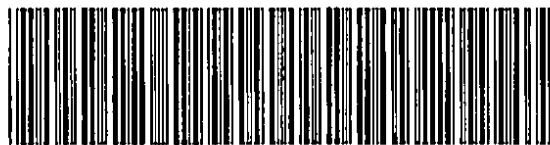
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/05/18--01015--002 \*\*25.00

FILED  
18 MAR -5 AM 9:49  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

MAR 06 2018

SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2018

DUNG THI THANH PHAN  
5840 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34746

SUBJECT: VIET CUISINE LLC  
Ref. Number: L16000154789

We have received your document for VIET CUISINE LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 418A00002508

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Viet Cuisine, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dung Thi Thanh Phan

\_\_\_\_\_  
Name of Person

Viet Cuisine, LLC

\_\_\_\_\_  
Firm/Company

5840 W Irlo Bronson Memorial Hwy

\_\_\_\_\_  
Address

Kissimmee, FL 34746

\_\_\_\_\_  
City/State and Zip Code

gm@roombainnsuites.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenny Thai

321 276-5521  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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**

\_\_\_\_\_  
**(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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

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:**

Dung Thi Thanh Phan

**New Registered Office Address:**

5840 West Irlo Bronson M Hwy

Enter Florida street address

Kissimmee

Florida 34746

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hieu Bui	5840 West Irlo Bronson M Hwy	<input type="checkbox"/> Add
		Kissimmee, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dung Thi Thanh Phan	5840 West Irlo Bronson M Hwy	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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