| L160002214 | 466 |
|------------|-----|
| | |

| (Re | equestor's Name) | |
|-----------------------------------------|-------------------|-------------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| | | |
| (Bı | usiness Entity Na | me) |
| (De | ocument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | Office Use Or | |



09/21/21--01021--009 **80.00



T PRUCE SEP 30 2021

COVER LETTER

کنه:

TO: **Registration Section Division of Corporations**

VNAMVESTOR GROUP LEC

SUBJECT:

ł

•

P.O. Box 6327

Tallahassee, FL 32314

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| | Sivan Lam | | | |
|---------------------------------|-----------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|
| | | Name of Person | | |
| | | | | |
| | | Firm/Company | | |
| | 74 Alicia Rd | | | |
| | | Address | | |
| | Dorchester, MA 02124 | | | |
| | _ • ··· _ | City/State and Zip Code | | |
| | 4689pineistandparadise@g | mail.com | | |
| | E-mail address: (| to be used for future annual report notific | | |
| For further information e | oncerning this matter, please c | all: | | |
| Siyan Lam | 239 219-2513 | | | |
| Name o | f Person | Area Code Daytime T | elephone Number 1 9 | |
| Enclosed is a check for th | ne following amount: | | | |
| ■ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| <u>Mailing Addres</u> | | <u>Street Address:</u> Registration Sect | (op) | |
| Registration S Division of C | | Division of Corpo | | |

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VNAMVESTOR GROUP 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 $\frac{12/07}{12}$ | //2016 and assigned |
|--------------------------------------------------------------------------------------------------|---------------------|
| Florida document number 1.16000221466 | |

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 "LLC."

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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

| | | | 2021 | |
|--------------------------------|------------------------------|---------|------------|---------------------------------------|
| Name of New Registered Agent: | | i | <u>(2</u> | |
| | | · · · | ι | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | | | 5 | 100 1 |
| | Enter Florida street address | • • • | | |
| | | | X | |
| | , Florida | · · · · | <u>.</u> 0 | المحصلة |
| | City | Zi | p Çiqle | |
| | | | rS | |

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 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 |
|--------------|-------------|--------------|--------------------|
| MG | Loc Nguyen | | 🗆 Add |
| | | LOC, NGUYEN | Remove |
| | | | 🗋 Change |
| MG | PHAM, THANG | | 🗆 Add |
| | | PHAM. THANG | Remove |
| | | | □Change |
| MG | NGUYEN, HAU | | 🗆 Add |
| | | NGUYEN, HAU | Remove |
| | | | Change |
| | - <u></u> | | |
| | | | Remove |
| | | [**', ; ; | C⊓ № □Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | 🗆 Remove |
| | | | Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| · | | · · · · · | | | | |
|----------|----------------------------------------|-----------|----------------------------------------|-----------------------------------------|---------|---------------------------------------|
| | | | | | | |
| <u>-</u> | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| -71 | · · · | | , | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | i | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ······································ | | ······································ | | | |
| | | | | | | |
| | | ······· | —. <u>—</u> | | | |
| | | | | | | |
| | | | | | | 0 53 |
| | | | | | | 2021 SEP |
| <u></u> | | | | | | |
| <u></u> | | | | | | - E |
| | •••••••••••••••••••••••••••••••••••••• | | | | | <u> </u> |
| | | | | | | |
| ····· | ······ | <u> </u> | | | | |
| | | | | | | |
| · | | | | · · · _ · _ · _ · _ · _ · _ · _ · _ · _ | | , N |
| | | | | | | , , , , , , , , , , , , , , , , , , , |

E. Effective date, if other than the date of filing: _______(optional) (b) an 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 005,0207 (3)(2) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| So Dated | eptember 14 | 2021 |
|-------------|-------------|----------------------------------------------------------------|
| Dated | | ·· |
| | Solution | |
| | | Signature of a member or authorized representative of a member |
| | | |

Sivan Lam

• • • •