## H17000009704

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| Certified Copies     | Certificates of Status  |
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## **COVER LETTER**

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| SUBJECT:         | KHANGLE                        | ELLC   | . • •  | •  |
| SOBILCT.         |                                | Name of Lim                                  | ited Liability Company   |  |
| The enclose      | d Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.   |  |
| Please return    | i all correspo                 | ndence concerning this matter                | to the following:  |  |
|                  |                                | LIEU PHAN                                    |  |  |
|                  |                                |  | Name of Person   |  |
|                  |                                | KHANGLE LLC                                  |  |  |
|                  |                                |  | Firm/Company   | <u> </u>   |
|                  |                                | 375 KING HWY                                 |  |  |
|                  |                                |  | Address  |  |
|                  |                                | PORT CHARLOTTE, FL                           | 33948  |  |
|                  |                                | alisaphan0210@gmail.com                      | City/State and Zip Code  |  |
|                  |                                |  | to be used for future annual report notific                      | cation)  |
| For further i    | nformation co                  | oncerning this matter, please or             | all:   |  |
| LIEU PHA         | ×                              |  | 813 679-5336   |  |
|                  | Name of                        | Person                                       | Area Code Daytime  | Telephone Number   |
| Enclosed is:     | a check for th                 | e following amount:                          |  |  |
| <b>■</b> \$25.00 | Filing Fee                     | □ \$30,00 Filing Fee & Certificate of Status | S55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |
|                  | iling Address<br>gistration S  |  | <u>Street Address:</u><br>Registration Sect                      | iion   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KHANGLE LLC

2022 JUN 17 PM 1: 03

(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 01/12/2017 Florida document number <u>L17000009704</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THI LIEU LLC 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Persons) authorized to manage, enter the title name, and address of each person, being added or removed from our recogis:

MGR = Vianager VMBR = Authorized Member

| Title       | <u>Name</u> | Address         | Type of Action     |
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| an effective date is listed, the date must be determined in this because it is the date inserted in this because it is the date of the date. | lock does not meet the appli  | cable statutory fili | more than 90 days after<br>ng requirements, thi  | filing ) Pursuant<br>s date will not b       | to 605,0207 (<br>e fisted as t |
| ocument's effective date on the l  | repartment of State's record  | S.                   |  |  |                                |
| record specifies a delayed effecti<br>Lis filed.   | re date, but not an effective | time, at 12:01 a.m   | , on the earlier of: (b  | ). The 90th day                              | y after the                    |
| ated   | 2022                          |                      |  |  |                                |
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