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COVER LETTER

		ation Sect n of Corp					
CUD IC	SA	IGON CA	FE & PRIVATE EVENTS,	LLC			
SUBJEC	Name of Limited Liability Company						
The encl	osed Art	icles of A	mendment and fee(s) are sub	omitted for filing.			
Please re	turn all o	correspond	dence concerning this matter	to the following:			
			THINH B. NGUYEN				
				Name of Person			
				Firm/Company			
			6475 98TH AVE				
				Address			
			PINELLAS PARK, FL 33	781			
				City/State and Zip Code	The state of the s		
			NGUYENBT7@GMAIL.C	OM to be used for future annual report			
For furth	er inform	nation con	cerning this matter, please ca	•	. notification)		
THINH I	B NGUY			727 686-077 at ()	3		
		Name of P	erson	Area Code Da	ytime Telephone Number		
Enclosed	l is a che	ck for the	following amount:				
\$25.0	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

SAIGUN CAFE & PRIVATE EVENTS, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our red Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L17000077864	were filed on 04/06/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7 2
(Principal office address MUST BE A STREET ADDRESS)		
		AR SS
Enter new mailing address, if applicable:		mg ≥ M
Mailing address MAY BE A POST OFFICE BOX)		50 = C
Mining dutiess MAT BE A TOST OFFICE BOX		POE O
		-
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
440 14-4-10-1		Florida
	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>	Address	Type of Action
MGR	HIEN X. NGUYEN	8034 124TH TERRACE	
		LARGO, FL 33777	en n
			□ Change
			□ Add
			☐ Remove
			☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
-			Add S
			ASS Remove
			OF Add
			□ Remove
			□ Change

If ame	inding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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<u>locume</u> e rec	we date, if other than the date of filing:	d as
ated_	05/08/2017	
	F., ~	
	Signature of a member or authorized representative of a member	
	THINH B. NGUYEN	
	Typed or printed name of signee	9
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Filing Fee: \$25.00