L17000/69562

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SECRETARY OF STATE
AND AHASSEE FLORIDA

48.00

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	N Garage Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	На	Name of Person	
	TN_	Garage UC Firm/Company	
	<u>8515</u>	alton ave	
	Tackso	wille FL 32 City/State and Zip Code aye 904@gmai	211
	F-mail address: (1	ayc 4040 gma (cation)
For further information co	oncerning this matter, please ca		
Eddy Name o	Mayum Person	at (40U) 820 Area Code Daytime	7 - 4772 Telephone Number
Enclused is a check for the	ne 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 Compan (A Florida Limited Li	Vas it now appears on our records.)
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L17600/69562</u> .	ء اے	17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili" Enter new principal offices address, if applicable:	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		HASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ED AN II: 26
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida Zip Code
	City	zip Coae

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hai Phi Tran	7196 Deerfoot CIR	62 Add
		Jacksonville, FL 32256	P ☐ Remove
		·	Change
MGR	Ughi Vink Nguyen	307 Hickory Hollows Jacksowille, FL 3222	<mark>}}</mark> □ Add
		Jacksowille, FL 3222	Remove
			Change
			🗖 Add
			Remove
			Change
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Signature of a member or authorized representative of a member	Dated	08/15	<u> </u>	2017 APT					
	_		Signature of a r	nember or auth	orized represent	ative of a member	 	_	

Page 3 of 3

Filing Fee: \$25.00