

L17000192956

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SEAFOODS STATION

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:

SON DOAN

Name of Person

SEAFOODS STATION LLC

Firm/Company

4795 N. 9TH AVENUE

Address

PENSACOLA, FL 32503

City/State and Zip Code

truongsondoan79@yahoo.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SON DOAN

Name of Person

at (832)

Area Code

533-5616

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**

SEAFOODS STATION 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 September 18, 2017 and assigned
Florida document number L17000192956.

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)

4795 N 9th AVENUE

PENSACOLA FL 32503

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:

HUY PHUOC THACH

New Registered Office Address:

4795 N 9th AVENUE

Enter Florida street address

PENSACOLA

Florida

32503

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.

X

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	HUY PHUOC THACH	912 BUCYRUS LANE	<input checked="" type="checkbox"/> Add
		CANTONMENT, FL 32533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TONY CHUNG	912 BUCYRUS LANE	<input checked="" type="checkbox"/> Add
		CANTONMENT, FL 32533	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SON DOAN	305 N STILLMAN DR.	<input type="checkbox"/> Add
		PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIEN V TRAN	305 N STILLMAN DR.	<input type="checkbox"/> Add
		PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECURITY SERVICES
TALLAHASSEE, FL 32304

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SECRETARY OF
TALLAHASSEE

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SEATTLE
TALLAHASSEE FLORIDA

(If 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 605.0207 (3)(b) **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.

(b) The 90th day after the record is filed.

Dated 12/19, 2018

② y

Signature of a member or authorized representative of a member

SON DOAN

Typed or printed name of signee