## 117000216072

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	÷ #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100305007211

10/27/17--01008--022 \*\*25.00



## **COVER LETTER**

TO:	Registration Se Division of Cor			
enn ir	1008 NE 4;			
SUBJE.	CT:		ited Liability Company	<del></del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
		HANH DINH		
			Name of Person	<del></del>
			Firm/Company	
		1314 E LAS OLAS BLVD	1210	
			Address	
		FT LAUDERDALE FL 33	301	
			City/State and Zip Code	
		FLHANH@GMAIL.COM		
		E-mail address: ()	to be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please ca	all:	
HANH	DINH		786 2701981	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for t	ne following amount:		
<b>□</b> \$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

1008 NE 43 ST LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Li	ability Compan	y were filed on 10/19/2017	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited lia	bility company here:	
1008 NW 43 ST LLC			
The new name must be distinguishable and contain the w	ords "Limited Liah	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A	
B. If amending the registered agent and/ registered agent and/or the new registered of			ls, enter the name of the no
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street addre.	SSECO A
			lorida S
New Registered Agent's Signature, if changing F	Registered Agent	City	2 App Code

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 $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<del></del> -			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			□ Add
			Remove

CHANGE NE TO NW					
					<del></del>
	-				
		-	<u> </u>		
	-18-7		-,		
		<del></del>			
<del>.</del>					
				Σs	
			<u> </u>		70
	57E1-12-12	****			=
					2
				<u> </u>	<b>&gt;</b>
				100 100 100 100 100 100 100 100 100 100	٠.
		<u></u>			55)− 20
				**	
ctive date, if other than the date of effective date is listed, the date must be spe	of filing:	a date of filing or more	(optiona	il) na ) Pursuant ta	. 605 (
$oldsymbol{arepsilon}$ If the date inserted in this block do	es not meet the applica	ble statutory filing re	quirements, this da	te will not be	liste
ment's effective date on the Departme	ent of State's records.				
			a at 12.01 a w	on the ex	معانم
ecord specifies a delayed effecties and specifies a delayed effection of the secord is		an enective time	e, at 12:01 a.n	i. on the ea	31 HC
d	. 2017	_ •			
11 -	-				
	12) The C	ized representative of a			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00