## L11000223258

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(1	Requestor's Name)
	Address)
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	City/State/Zip/Phone #)
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PICK-UP	☐ WAIT ☐ MAIL
(1)	Business Entity Name)
])	Document Number)
Certified Copies	Certificates of Status
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Special Instructions t	to Filing Officer.
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Office Use Only



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LLAHASSEE FLORIDA

PA SEP 12 PM 4: I

## **COVER LETTER**

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	Name of Lim	ited Liability Company	<del></del>
		•	
	TRUONG NGUYEN		
Name of Person			
		Firm/Company	3:-
	7580 65TH STREET N. S	TE 2	
		Address	
	PINELLAS PARK, FL 33	781	g:  Person  Inpany  Sess  I Zip Code  ture annual report notification)  I J 218-2319  Code Daytime Telephone Number  Filing Fee &
	NTVANTRUONG@GMAI		
	-		ication)
For further information co	ncorning this matter, please co	all:	
TRUONG NGUYEN			
Name of	Person		: Telephone Number
Enclosed is a check for the	: following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

VINAN LLC

2024 SEP 12 PM 4: 18

( <u>Name of the Limited Liability</u> (A Florida)	Company as it now ap Limited Liability Compai	<u>pears on our re</u> 1y)	TALLAHASSEE FLORIDA
The Articles of Organization for this Limited Liability Co	mpany were filed on	10/25/2017	and assigned
Florida document number L17000223258			5
iorida gocument humbet	<u>-</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability compan	<u>y here</u> :	
VINAN CONSTRUCTION, LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," t	he designation '	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on ou	ir records, <u>ei</u>	nter the name of the new registere
Mille VI IVEW Regimered Figure.			
New Registered Office Address:	Europ	Florida street ac	Ulumu
	City		, Florida
	•		лр сма
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered agreeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for	of my dutie. in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered	l Agent, Signat	ure 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
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			☐ Change
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	e specific and cannot be prior to date of filink does not meet the applicable statutory	(optional)  g or more than 90 days after filing.) Pursuant to 6  y filing requirements, this date will not be li	
ecord specifies a delayed effective of is filed.	late, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day af	ier the
	2024		
SEPTEMBER 06 ted			
ted SEPTEMBER 06  fenny Guye	~~		

Filing Fee: \$25.00