

L17000028156
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TRUCKING PERMITS AND MORE LLC
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STATE OF FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHUONG HOANG LLC

Certificate of Status	0
Certified Copy	0
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BB
9/9/21



September 7, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PHUONG HOANG LLC
2140 W MINNEHAHA ST
TAMPA, FL 33604US

SUBJECT: PHUONG HOANG LLC
REF: L17000228156

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H21000329322
Letter Number: 321A00021455

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHUONG HOANG LLC
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:

DIAZ, OSHIN MYLINH
Name of Person

PHUONG HOANG LLC
Firm/Company

8607 LONGBOAT LN
Address

HUDSON, FL 34667
City/State and Zip Code

edelmisacosta1@gmail.com
E-mail address: (to be used for future annual report notification)

2021 SEP -8 PM 5:08
FILED
TALLHASSEE, FL
STATE OF FLORIDA

For further information concerning this matter, please call:

DIAZ, OSHIN MYLINH 813 3899665
at ()
Name of Person Area Code 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 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

PHUONG HOANG 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 06/11/2021 and assigned Florida document number L17000228156

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)

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: EDELMIS ACOSTA MARTINEZ

New Registered Office Address: 11016 STREAMSIDE DR (Enter Florida street address)

TAMPA, Florida 33624 (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.

Handwritten signature of Edelmis Acosta Martinez

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	DIAZ, OSHIN MYLINH	8607 LONGBOAT LN	<input type="checkbox"/> Add
		HUDSON, FL 34667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDELMIS ACOSTA MARTINEZ	11016 STREAMSIDE DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33624	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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