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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:U	g Nguyen Nume of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Tung T	Name of Person	
		Firm/Company	
	9071 Sw	107 Ave	
	Miami, Fr	33 1 TU  City/State and Zip Code	
	Bryan Ngu JE-mail address: (1	Ven To @qmail. (o be used for future angulal report notifi	cation)
For further information co	oncerning this matter, please ca	ill:	
TUNG T'NO Name of	Julen Dersort	at (451) 210- Area Code Daytime	2430 Telephone Number
Enclosed is a check for th	e 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 Con (A Florida Limit	npany as it now appears on our ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1700025235</u> 2		20-2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	_Lc	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	2000 1 1
		SEP FLOR
Enter new mailing address, if applicable:		ठेल २
Mailing address MAY BE A POST OFFICE BOX	<del></del>	<del>ν</del> ω
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because of New Registered Agent:		records, <u>enter the name of the nev</u>
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
<del></del>	City	, Florida Zip Code
N. D. Carlotte and Communication of the control of	unte	·

## 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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