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THAO 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: LINH NGO Name of Person THAO LLC Firm/Company 4226 W BAY VIEW AVE Address TAMPA, FL 33611 City/State and Zip Code LNGO@AN2LENDING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LINH NGO Name of Person Name of Person Daytime Telephone Number
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at ()
Name of Person Area Code Daytime Telephone Number
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Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

THAO LLC

(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on or nited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000093009</u>	pany were filed on 4/12/201	and assigned =
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 designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address if applicables		
•	ant in number L18000093009 It is submitted to amend the following: It is distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." Incipal offices address, if applicable: It is address, if applicable: It is address, if applicable: It is address MUST BE A STREET ADDRESS) It is address, if applicable: It is address address address here: It is address address: It is a composition of the proper and complete performance of my duties, and I am familiar with and gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is	
(Framing agaress MAT BE A TOST OFFICE BOA)		11.
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:		
New Pagistared Office Address		
New Registered Office Addless.	Enter Florida stre	et address
		, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>	
provisions of all statutes relative to the proper and comp	lete performance of my du as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	LINH NGO	4226 W BAY VIEW AVE	Add
		TAMPA, FL 33611	□Remove
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Filing Fee: \$25.00