118000211452

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	e)
(Docu	rment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
	PHO STRI			
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	indence concerning this matter	to the following:	
		DUNG CHAU		
			Name of Person	
			Firm/Company	
		5855 115TH CIR N		
		PINELLAS PARK FL 3378	Address 2	
		THUY@TTRACPA.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For fu	irther information c	oncerning this matter, please ca	all:	
DUN	G CHAU		727 793-4888	
_	Name o	f Person		Telephone Number
Enclo	sed is a check for th	ne following amount:		
≅ \$2	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporal Clifton Building	

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHO STREET LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records. iability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number L18000211452	were tiled on 09/05/2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		- · · · · · · · ·
		23 8 7
		2 6
inter new mailing address, if applicable:	- III .	-0
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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.

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
мор		5862 TOUCAN PL	
MGR	NGUYEN THI THUY PHAM		
		CLEARWATER FL 33760-2380	
			Remove
			Change
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			Change

D. If an	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	بن : الله الله الله الله الله الله الله ال
(II an c Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 Ceptember 10th 2018.
	Bignature of a member or authorized representative of a member
	DUNG CHAU

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00