118000212171

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor		·				
aunu		EALTY, LLC					
Name of Limited Liability Company							
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		HOI VAN DO					
		THU DO REALTY, LLC	Name of Person				
		7502 COLONIAL CT	Firm/Company				
		TAMPA, FL 33615	Address				
		HOIVANDO@GMAIL.CO	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For fu	rther information c	oncerning this matter, please co	all:				
ноі у	/AN DO		407 234-3596 at ()				
	Name o	f Person		Telephone Number			
Enclos	sed is a check for th	ne following amount:					
□ \$2	5.00 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

THU DO REALTY, LLC				
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on ou bility Company)	r records.)	
The Articles of Organization for this Limited Electrical document number L18000212171		vere filed on 09/06/201	8	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name		ty company here:		
_ NA			•	
The new name must be distinguishable and contain the Enter new principal offices address, if appli		1110	on "LLC" or the abbrev	
Principal office address MUST BE A STRE	ET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		N/ H		18 HOV
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>
			· · · · · · · · · · · · · · · · · · ·	e T
B. If amending the registered agent and registered agent and/or the new registered of			records, enter: the	name of the ne
Name of New Registered Agent:	HOI VAN DO			
New Registered Office Address:	7502 COLONIAL			
		Enter Florida stre	et address	
	TAMPA		, Florida 33615	
		City	5	in Coda

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>	<u>Address</u>	Type of Action
	THU NGUYEN	7502 COLONIAL CT, FL 33615	
MGR			
			
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ective date, if other than the date of filing: 1 effective date is listed, the date must be specific and canno	at be prior to d:	ute of filing or	more than 90 da	(optiona	il) ng) Pursu:	unt to 60	15 020
te: If the date inserted in this block does not meet the current's effective date on the Department of State's	ne applicable						
record specifies a delayed effective date, he 90th day after the record is filed.	but not ar	n effective	time, at 12	2:01 a.n	ı. on th	e earl	ier d
NOV. 15 201	8						
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Typed or printed name of signee

Filing Fee: \$25.00