118000229725

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only

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2018 DEC 12 PH 4: 09 SLORE VARY OF STATE

C. GOLDEN DEC 1 3 2018

COVER LETTER

Division of Corporations
SUBJECT: PHAM INVESTMENTS 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:
LUC PHAM Name of Person
PHAM INVESTMENTS LLC Firm/Company
8716 SUBURBAN DR
ORLANDO, FL 32829 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LUC PHAM Name of Person at (407) 334 - 5678 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) 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



December 1, 2018

LUC PHAM 8716 SUBURBAN DRIVE ORLANDO, FL 32829

SUBJECT: PHAM INVESTMENTS LLC

Ref. Number: L18000229725

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your document is illegible or incomplete.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 918A00024623

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

FILED

2018 DEC 12 PM 4: 09

S. D. LARY OF STATE

PHAM INVESTME	UTS LLC	S MARY OF STATE (records.) TALLAHASSEE, FL
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our orida Limited Liability Company)	records.) INLLADASSEE, FL
The Articles of Organization for this Limited Liabili	-	27/2018 and assigned
This amendment is submitted to amend the followin	g:	
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 A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	O .	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	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

Title	Name	Address	Type of Action
AMBR	CHUYEN NGO	2684 S. FENTON CT]X _Add
		LAKEWOOD, CO 80227	Remove
			Change
AMBR	VU NGO	2684 S. FENTON CT	⊠ Add
		LAKEWOOD, CO 8022	Z□ Remove
			Change
			□ Add
			Remove
			☐ Change
			O Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change

D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	Dec. 10. 2018.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00