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(Re	questor's Name)	
(Ad-	dress)	
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(AO	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nam	<u>a)</u>
(Du	Siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	<u>.</u>	
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COVER LETTER

Division of Corporatio	ns		
SUBJECT: Choile	Pack Name of Limit	ed Liability Company	LLC
The enclosed Articles of Amendr	nent and fee(s) are subn	nitted for filing.	
Please return all correspondence	concerning this matter to	o the following:	
	Loi V	Name of Person	
	Chaile P	ack and Ship	26C
<u> 1</u>	1300 Lind	bergh blvd Ste	103
<u>_</u> F	ort Myers	Florida 3 City/State and Zip Code	3913
	Dilli Ranguyr	be used for future annual report notif	ication)
For further information concerning			•••••
Name of Person	itixen	at (321) 203 Area Code Daytime	816/ Telephone Number
Enclosed is a check for the follow	ving amount:		
\$ \$25.00 Filing Fee \$\$3	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

	OF		
Chuile Pude	Lability Company as lorida Limited Liabil	it now appears on try Company)	our records.) TUY 13 A 11: 27
The Articles of Organization for this Limited Liabil Florida document number 7603197151		e filed on <u>OC</u>	15-2018 and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability	company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	ompany," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	_	address on our	r records, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida s	treet address
		isaer i jorad si	
-		City	Florida Zin 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
MGR	Loi Nauyen		# Add
		11300 Lindburk blud Fort myers, Fl 33913	: Remove
			: Change
MGR	Dieu a. Quynk	14300	
			# Remove
		11300 Lindbergh blud Fort Myers, FL 33913	(# Change
			# Add
			#.Remove
			# Change
	·		! Add
			# Remove
			: Change
			'# Add
			# Remove
			
			.Add
			:Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ve date, if other than the date of filing:
	ford 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.
ited	11-08-2018
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00