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2018 DEC -7 PM 2: 00 SECRETARY OF STATE TALL AHASSEE FL

15, w. 18

COVER LETTER

	gistration Sec vision of Corp			
our news	LSP TAMP			
SUBJECT:Name of Limited Liability Company				
		Amendment and fee(s) are subr		
Please retur	n all correspor	ndence concerning this matter t	to the following:	
		Linda Luu		
			Name of Person	
		ELAS GROUP LLC		
			Firm/Company	
		PO Box 612949		
			Address	
		San Jose, CA 95161		
		linda@littlesaigonplaza.org	City/State and Zip Code	
			o be used for future annual report notific	ation)
For further	information co	oncerning this matter, please ca	ill:	
William J.	Kimpton, Esq		at () 733-7500 Area Code Daytime 7	
	Name of	Person	Area Code Daytime T	Telephone Number
Enclosed is	a check for th	e following amount:		
L \$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)

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 ARTICLES OF ORGANIZATION OF 2018 DEC -7 PM 2: 00 SECRETARY OF STATE (A Florida Limited Liability Company)

LSP TAMPA LLC

The Articles of Organization for this Limited Liability C	Company were filed on 10/29/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, I <u>ress here</u> :	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	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
MGR	ELAS GROUP LLC	PO Box 612949 San Jose, CA 95161	B Add
			☐ Remove
MGR	LOC NGUYEN GROUP LLC	4120 30th St. Suite 203 San Diego, CA 92104	Add
			Remove
			Change
MGR	PHAN, Eric	P.O. Box 612949 San Jose, CA 95161	□ Add
			■ Remove
		<u> </u>	Change
			Remove
			□ Change
			Add
			☐ Remove
			Change
			Remove
			Change

						
						
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E. Effective date,	if other than the da	ate of filing:		(optional)	405 030°
(If an effective date Note: If the date	is listed, the date must be inserted in this block	e specific and cannot be k does not meet the	e prior to date of filin applicable statutory	g or more than 90 days r filing requirements	after filing.) Pursuant to this date will not be	listed as
document's effec	ctive date on the Department	artment of State's re-	cords.			
f the record spe b) The 90th da	cifies a delayed e ly after the recor	effective date, bud is filed.	ut not an effect	ive time, at 12:	01 a.m. on the ea	rlier o
Novembe	er 30	2018				
Dated		·	•			
•	41 -	_		ntative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00