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APR 3 0 2019 S. YOUNG



COVER LETTER

TO:	Registration Sect Division of Corpo		.38	*
SUBJI	ест: 🔨 ТЕ	Name of Limi	A S C C C C C C C C C)
The en	closed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
		KHO	Name of Person	
		TE	Firm Company	
		7112 S N	MILITCITY Troil	, ste 6
		Lake	Worth FL 3 City/State and Zip/Code	3463
		E-mail address: (1	04 Q Vahoo o be used for future annual report not	COM lification)
For fu	rther information co	ncerning this matter, please ca	ıll:	
	K 4 O A	FP HAN Person	at (56) 380 Area Code Daytin	0 7 6 8 ne Telephone Number
	sed is a check for the		_	
5 √ \$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

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lia</u> (A Fio	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	ity Company were filed on $41/05/2018$ and assigned $9.7.35$
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the l	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 AD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AR 22 PH
Manning address magn 122 M 1 0 31 OF TOLE BOX	<u></u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	KHOA H PHAN
New Registered Office Address:	112 S MILITARY Trail Ste 6 Enter Florida street address
	Cike Worth Florida 33463

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	Nguyen, PHat A	2402 N W. 21st TER.			
		2402 N W. 21st TER. BOYTON BEACH, FL 3546	Remove		
			Change		
AMBR	Tran, Tien	511 SHADY PINE WAY	<i>D1</i> <u>Y_</u> □ Add		
		CTreencicres, F133415	Remove		
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ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the	le must be specific an	nd cannot be prior to	o date of filing or mor	e than 90 days after	onal) filing.) Pursuant to 60 s date will not be list	5.0207 : ted as 1
ocument's effective date on t	he Department of	State's records.		equicinom, un	o duc will live the has	ica as
e record specifies a del The 90th day after the	ayed effective record is filed	date, but not	an effective tir	ne, at 12:01 a	a.m. on the earli	ier of
ated <u>04</u> <u>11</u>		. 2019				
<u>-</u>						
	Signature of a	rmember or authori	zed representative of	a member		

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Filing Fee: \$25.00