L18000282554

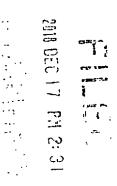
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



500321601815

12/17/18--01014--011 **25.00



DERUCE JUN 05 2019

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	DZ / S / Name of Lim	JATL SAN	Daytime Telephone Number □ \$60.00 Filing Fee, Certificate of Status &	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	<u>-, </u>	Name of Person		
		Firm/Company		
		Address		
		City/State and Zip Code		
		to be used for future annual report notif	ication)	and grade;
For further information c	concerning this matter, please ca	4	DEC 17	1 }
Name o	f Person	at () Area Code Daytime	1. 116	Electronic
Enclosed is a check for the	he following amount:		3	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

MAILING ADDRESS:

TO:

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

B. If amending the registered agent and/or regis	tered office address on our records, enter	the name	me of 2018 DEC 17 P	the new
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter	the name	22.	the new
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the al	bbreviation	"L.L.C	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ted liability company here:			
Florida document number <u>00032 83</u>	ompany were filed on <u>DCC 7, 201</u> 5840	₹_ and	assigr	ned

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	Kiet HuynH	Address 8366 inviket St Cale invol Ranft FL 342-62	Add
	•	Caleinous Kanft	☐ Remove
			☐ Change
		<u> </u>	□ Add
			Remove
			Change
			Remove
			Change
			Add and
			Change : =
			Add
			Remove
			Change
			Remove
			□ Change

			
			0
			C state
-			
			ن
		<u> </u>	<u> </u>
		·	
an effective date is list of the date inso		(optional) date of filing or more than 90 days after filing.) Pursua e statutory filing requirements, this date will no	
	s a delayed effective date, but not a ter the record is filed.	an effective time, at 12:01 a.m. on th	e earlier c
ated $\mathcal{D}_{\mathcal{Q}}$	12 2018		
$\langle \cdot \rangle$			
/ 3/1 //	Con \	ed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00