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SECRETARY DESTAINANT
AND ARRESTED FLORIDA

SEP 1 ? 2013 T SCHROEDER

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Khach Lawy Service 16 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:
Khanh Doan Name of Person
Firm/Company
34 Sendinal Trail Address
Poliny Coast FL 32164 City/State and Zip Code
E-mail address: (to be used for fluture annual report notification)
For further information concerning this matter, please call:
Khrush Acam at (262) 352 - 1404 Name of Person 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, \$\Bigcup \$\Bigcu

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

	ervice 11c	
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOCOSTESES</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<u> 5</u>
Principal office address MUST BE A STREET ADDRESS)		Sr -r
		PH II
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	250	
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r the name of the
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Khanh Doan	34 Sentinel Trail	c XAdd
		34 Sentinel Trail Palm Coast, FL 32164	☐ Remove
			Change
			🗆 Add
			□ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	re than 90 days after filing.) Pur-	
record specifies a delayed effective date, but not an effective ting. The 90th day after the record is filed.	me, at 12:01 a.m. on t	he earlier
red 8 28 . 2010 ₁ .		

Page 3 of 3

Filing Fee: \$25.00