

L19000 119 679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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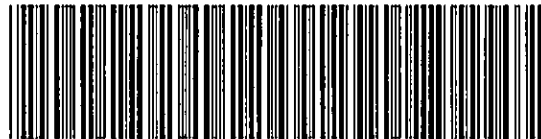
(Business Entity Name)

(Document Number)

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R. WHITE

DEC 05 2019

2019-11-11 8:12

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRAN NGUYEN AGENCY, LLC  
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:

TRAN NGUYEN  
Name of Person

TRAN NGUYEN AGENCY, LLC  
Firm/Company

1223 N. PINE HILLS Rd  
Address

ORLANDO FLORIDA 32808  
City/State and Zip Code

TRAN NGUYEN INSURANCE@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRAN NGUYEN at (813) 380-2828  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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  
TO  
ARTICLES OF ORGANIZATION  
OF**

2019 MAY -4 PM 8:12  
TRAN NGUYEN AGENCY, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/20/19 and assigned Florida document number L19000119679

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the 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:

1223 N. PINE HILLS RD  
ORLANDO FL 32808

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1223 N. PINE HILLS RD  
ORLANDO FL 32808

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

TRAN NGUYEN

New Registered Office Address:

1223 N. PINE HILLS RD

Enter Florida street address

ORLANDO, Florida 32808  
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.*

  
Tran Nguyen  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	TRAN NGUYEN	12303 MALORY DR	<input checked="" type="checkbox"/> Add
		LARGO FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LANA NGUYEN	3160 5 <sup>th</sup> AV. N.	<input type="checkbox"/> Add
		# 2306	<input type="checkbox"/> Remove
		ST Petersburg FL 33713	<input checked="" type="checkbox"/> Change
AMBR	VO DOAN	12303 MALORY DR	<input checked="" type="checkbox"/> Add
		LARGO FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/29 2019

TRAN NGUYEN  
Typed or printed name of signee