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COVER LETTER

TO: Registration Se Division of Co			
OLUM TEZZE	Hongthong Name of Lim	120	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sama	i Hongthong Name of Person	
	11011	gthong Lid Firm/Company	
	IBBBNE Jer	Isen Beach Blad	
	Jensen Be	City/State and Zip Code	
	,	City/State and Zip Code	1
	Yojjana E-mail address: (nthunthony (or gradi	(. (O)
For further information of	concerning this matter, please c	all:	
Samai H	long theng	at (<u>772</u>) <u>672</u> - Area Code Daytimo	1287
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	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)
МАП	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hongthong 1	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 05 /24/2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5299 SE Redwood Ave.	
(Principal office address MUST BE A STREET ADDRESS)	5299 SE Redwood Ave. Staust FL 34997	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	\	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, i nereby confirm that the limited liability	

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
MCR	Rojjana Thunthony	1128 SE Astornard PL	
		1128 SE Astornard PL Stuart FL, 34994	Remove
			□ Change
		.	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
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			Change
			Remove
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			□ Remove
			Change

	
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fectiv	re date, if other than the date of filing: (optional)
an effec ote: T	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 9	90th day after the record is filed.
ated _	10/29/2019
	Signature of a morther of authorized expenentative of a manhar
	Signature of a member pauthorized representative of a member Samai Hong Hong Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00