## L19000190218

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>





700398003657

SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

1;		ited Liability Company	<del></del>	
sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
urn all correspo	indence concerning this matter	to the following:		
	MICHAEL PHAN			
Name of Person				
	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  MICHAEL PHAN  Name of Person  PHAN & PHAN PA  Firm/Company  6100 GREENLAND RD STE 404  Address  JACKSONVILLE, FL 32258  City/State and Zip Code  INFO@PHANPA.COM  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  PHAN  Name of Person  at (  Area Code  Daytime Telephone Number  check for the following amount:			
	· · ·	Firm/Company		
6100 GREENLAND RD STE 404				
	Address			
JACKSONVILLE, FL 32258				
City/State and Zip Code				
		to be used for future annual report	natification)	
er information c			ionnearony	
EL PHAN				
Name o	f Person		time Telephone Number	
is a check for th	ne following amount:			
0 Filing Fee		Certified Copy	Certificate of Status &	
Mailing Address: Registration Section		Street Address: Registration !		
Division of Corporations		Division of Corporations		
			f Tallahassee roe Street, Suite 810	
	LE & LE PT:  LE & LE PT:  sed Articles of urn all corresponder information continue and corresponder is a check for the O Filing Fee Properties of CP.O. Box 632	T: Name of Lim  Sed Articles of Amendment and fee(s) are subsurn all correspondence concerning this matter  MICHAEL PHAN  PHAN & PHAN PA  6100 GREENLAND RD S  JACKSONVILLE, FL 322  INFO@PHANPA.COM  E-mail address: (er information concerning this matter, please cell PHAN  Name of Person  is a check for the following amount:  0 Filing Fee  \$30.00 Filing Fee & Certificate of Status	Division of Corporations  LE & LE PARTNERSHIP LLC  The Same of Limited Liability Company  Seed Articles of Amendment and fee(s) are submitted for filing.  Seed Articles of Amendment and fee(s) are submitted for filing.  MICHAEL PHAN  Mame of Person  PHAN & PHAN PA  Firm/Company  6100 GREENLAND RD STE 404  Address  JACKSONVILLE, FL 32258  City/State and Zip Code  INFO@PHANPA COM  E-mail address: (to be used for future annual report or information concerning this matter, please call:  EL PHAN  Name of Person  Tr information concerning this matter, please call:  EL PHAN  See S33.00 Filing Fee & Certified Copy (additional copy is enclosed)  Mailing Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre o	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## LE & LE PARTNERSHIP LLC

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

(A Florida Lin	nited Liability Company)	,	
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{07/24/2}{2}$	and assigned	
Florida document number L19000190218			
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 design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<del> </del>		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	<del></del>	ds, enter the name of the new regis	
Name of New Registered Agent:	<del>.</del>		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:		
I harahy account the approintment as varietared agent and	Lauren to act in this can	wite I further auree to comply wis	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
AMBR	LE, NGOC K	1620 MARGARET ST	🗀 Add
		JACKSONVILLE, FL 32204	Remove
			□Change
AMBR	NGUYEN, PHONG T	1620 MARGARET ST	■Add
		JACKSONVILLE, FL 32204	Remove
		<del></del>	□ Change
			□Add
			Remove SECHOCHER
			2022 FON 2 L PM 28 2 SECRETAID: OF BIT TALLAHASSEE, F
			URemove FLATE GChange
		·	□Remove
			□Change
			□Add
			□Remove
			Change

<u></u>			N =0	···	
					<del></del>
=1-			<u> </u>		
<del></del>					
<del></del>					<del></del>
<del></del>					
<del></del>					
<del></del>					
	<u></u>				
					<del></del>
Effective date, if oth (If an effective date is liste Note: If the date inse document's effective of	rted in this block does	not meet the applica	o date of filing or more ble statutory filing r	(optional) than 90 days after filing.) equirements, this date v	Pursuant to 605.0207 will not be listed as
he record specifies a del ord is filed.	layed effective date, b	ut not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated 15th day of No		2022	<u>-</u> ·		
•	Myha	M	-		
		e of a member or author	ized representative of	a member	<del></del>
TRANG L	Æ				
		Typed or printed	I name of signee	·	<del></del>

Filing Fee: \$25.00