## L20000118728

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration S Division of Co					
Hong Ha l SUBJECT:					
SOBJECT.	Name of Lim	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Ai Tran				
		Name of Person	·		
	Hong Ha LLC				
	Firm/Company				
	2830 Scobee Drive 105				
	Address				
	Palm Harbor, FL 34683				
		City/State and Zip Code			
	htran@1040now.com  E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please c	·	icanon)		
Hoang Tran		484 425-4995 at ()			
Name of Person		Area Code Daytime	: Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 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		Street Address			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO -ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 13 AM 10: 41

Hong Ha 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 May 1, 2020 \_ and assigned Florida document number L20000118728 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City

## 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 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>	Type of Action
AMBR	Hoang Tran	2830 Scobee Drive	<b>=</b> Add
		Palm Harbor FL 34683	□Remove
			□Change
			□ Add
		□Remove	
		□ Change	
		□Add	
		Remove	
		□Change	
		Remove	
		Remove	
		,	Change
			□Add
		□Remove	
			☐ Change

Typed or printed name of signee