

L20 000 174673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

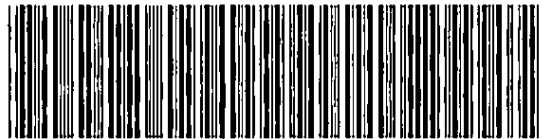
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
SEP 20 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NHKT TRADING COMPANY, 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:

THINH B NGUYEN

Name of Person

Firm/Company

7644 PARK BLVD N

Address

PINELLAS PARK FL 33781

City/State and Zip Code

nhkttrading@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THINH B NGUYEN

Name of Person

at ( 727 ) 686-0773

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 Address:

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

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

NHKT TRADING COMPANY, 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 6/23/2020 and assigned  
Florida document number L20000174673.

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: \_\_\_\_\_

(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

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**

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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          | NGUYEN, KIEN V | 146/37/41 VU TUNG PHUONG 2<br>QUAN BINH THANH | <input type="checkbox"/> Add               |
|              |                | THANH PHO HO CHI MINH                         | <input checked="" type="checkbox"/> Remove |
|              |                | VN VIETN-AM VN                                | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |

END

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SECRETARY OF STATE  
TALLAHASSEE, FL

[illegible]

(If an effective 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 005 0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated

7/23/2020

Mr

Signature of a member or authorized representative of a member

Thinh B. Nguyen  
Typed or printed name of signer

Typed or printed name of signer

**Filing Fee: \$25.00**

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