

L20000260324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

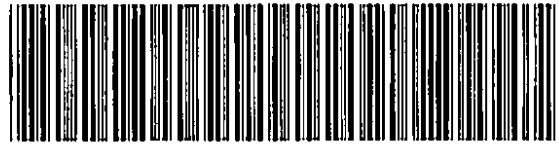
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JAN -5 PM 4:48

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2/11/21  
[Signature]

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LECGROUP INVESTMENT 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:

KIM NGUYEN

Name of Person

LECGROUP INVESTMENT LLC

Firm/Company

205 ROSALYN WAY

Address

PENSACOLA, FL 32505

City/State and Zip Code

LANCUONG2017@YAHOO.COM

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

For further information concerning this matter, please call:

KIM NGUYEN

505  
at ( )  
Area Code

358-8556

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

LECGROUP INVESTMENT 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 08/24/2020 and assigned  
Florida document number L20000260324.

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)

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2021 JAN -6 PM 4:14

**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

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	KIM NGUYEN	205 ROSALYN WAY	<input type="checkbox"/> Add
		PENSACOLA	<input checked="" type="checkbox"/> Remove
		FL 32505	<input type="checkbox"/> Change
MGR	CUONG PHAN	205 ROSALYN WAY	<input checked="" type="checkbox"/> Add
		PENSACOLA	<input checked="" type="checkbox"/> Remove
		FL 32505	<input type="checkbox"/> Change
AMBR	KIM NGUYEN	205 ROSALYN WAY	<input checked="" type="checkbox"/> Add
		PENSACOLA	<input checked="" type="checkbox"/> Remove
		FL 32505	<input type="checkbox"/> Change
AMBR	CUONG PHAN	205 ROSALYN WAY	<input checked="" type="checkbox"/> Add
		PENSACOLA	<input type="checkbox"/> Remove
		FL 32505	<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

2023 JAN 15 PM 4:18

8/11/19 9:48 AM - 6 PM 11:48

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2021 JUN -6 PM 4:48

(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 605.0207 (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.

X \_\_\_\_\_ Signature of a member

KIM NGUYEN

Typed or printed name of signee

**Filing Fee: \$25.00**