L21000025864

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			
	& HOANG PARTNERSHIP L	LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL PHAN		
		Name of Person	
	PHAN & PHAN PA		
		Firm/Company	
	6100 GREENLAND RD S	STE 404	
		Address	
	JACKSONVILLE, FL 32:	258	
		City/State and Zip Code	
	INFO@PHANPA.COM	to be used for future annual report no	
For further information c	concerning this matter, please c	•	ornication)
MICHAEL PHAN		904 240-5762 at ()	
Name 6	of Person		ime Telephone Number
Enclosed is a check for the	he 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 Addres Registration		Street Address: Registration S	Section
Division of C	Corporations	Division of C	orporations
P.O. Box 632		The Centre of 2415 N. Mon	
P.O. Box 632 Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NGUYEN & HOANG PARTNERSHIP LLC		<u> </u>	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears o Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000025864	were filed on 01/15	5/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desi	gnation "LLC" or the ab	breviation "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)			
			SEC SEC
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the nam</u>	Attaches SEE.
Name of New Registered Agent:			## S
New Registered Office Address:	Enter Elevid	ı street address	FL Z2
	Liner I with		m
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
AMBR	NGA K HOANG	5010 GATE PKWY STE 4	
		JACKSONVILLE, FL 32256	\=Remove
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ffective date, if other than the date of filing:		
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Filing Fee: \$25.00