121000177003

(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:





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FLORIDA DEPARTMENT OF STATE Division of Corporations SEC

SECRETARY OF STATE TALLAHASSEE, FL

February 19, 2022

MAI-CHI THI DANG P.O. BOX 4422 WINTER PARK, FL 32793

SUBJECT: GOLDEN PHEASANT PROPERTIES, LLC

Ref. Number: L21000177003

We have received your document for GOLDEN PHEASANT PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 322A00004159

COVER LETTER

Division of Co	rporations		*		
GOLDEN	PHEASANT PROPERTIES L	LC			
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	MAI-CHI THI DANG				
		Name of Person			
	GOLDEN PHEASANT P	ROPERTIES LLC			
		Firm/Company			
	P.O. BOX 4422				
		Address			
	Winter Park, FL 32793				
		City/State and Zip Code			
	lovecharliezoey@gmail.co				
	E-mail address: (to be used for future annual report noti	ification)		
For further information of	concerning this matter, please c	all:			
Mai-Chi Dang		321 310-442	6		
Name of Person		at () Area Code Daytim	te Telephone Number		
Enclosed is a check for t	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)		

TO:

Registration Section

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

GOLDEN PHEASANT PROPERTIES LLC

20721512 14 FEH: 23

(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 Lia Florida document number L21000177003		were filed on June 16,	2021	and assigned
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of	the limited liab	oility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designat	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2965 STARWOOD DR.		
		OVIEDO, FL 32765		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 4422 WINTER PARK, FL 3	2793	
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:			, enter the na	me of the new registered
Name of New Registered Agent:				
New Registered Office Address:	2965 STARWO	OOD DR Enter Florida stre	ar arthur	
	OVIEDO	Enter Curida sire		32765
		City	Florida _	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>	Address	Type of Action
AMBR	VIET Q. NGUYEN	9042 STOCKTON CT.	🗆 Add
		ORLANDO, FL 32817	≣Remove
			□Change
AMBR	CHINH THUY KIEU DOAN	926 S. AGATE ST. ANAHEIM, CA 92804	≣ Add
			□Remove
			□Change
			🗆 🗆 Add
			Remove
			□Change
			□Add
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ote: If the d	e, if other than the d te is listed, the date must ate inserted in this bloc fective date on the Dep	ck does not me	ect the applicable	ate of filing or more e statutory filing r	than 90 days after t equirements, this	iling.) Pursuant to 605 date will not be liste	.0207 (ed as t
record specifies filed.	ies a delayed effective	date, but not a	n effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after	r the
ated	March o	19	2022				
		-211	auchi	ed representative of			

Filing Fee: \$25.00