K21000198953

(Re	questor's Name)	
(Add	dress)	
bÀ)	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:PY	10 Saigon Name of Lim	/illage, LLC	<u>-</u>
	Name of Lim	ated LiabNity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tri	Jong X Ta	
	6 ho 2	aigor Village 1	LLC
	N	North Hwy 3	01
	<u>Oxford</u>	TL 34484 City/State and Zip Code	
	hvongng E-mail address (to Me used for future annual report not	jahoo.com
For further information c	oncerning this matter, please ca	all:	
Truong Name o	X Ta	at (S10) V81- Area Code Daytin	5145 ne Telephone Number
Enclosed is a check for th	ne following amount:		
X \$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 S Division of C	Section orporations	Street Address: Registration Sc Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	\ \	ars on our records.)			
(A Fronda Emined Ca	abinty Company	.1 1			
The Articles of Organization for this Limited Liability Company w	vere filed on _	04/28/2021		and as	signed
Florida document number <u>L21000198953</u>		1 1			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company l	<u>iere</u> :			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC" or	the abbrev	iation "L	LC."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
			<u> </u>	-22 -800 -333	
			-	نظ س	
Enter new mailing address, if applicable:			*** *** ***		
(Mailing address MAY BE A POST OFFICE BOX)			ن	2	
				PH	
					
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our	records, <u>enter the</u>	name of	the no	w registere
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Fl	orida street address	_		
		, Floric	da		
	City	_	7	ip Code	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance d	of my duties, and i	l am fami	iliar wi	th and

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

Title	Name	Address	Type of Action
MGR	Hoan Van Pham	4884 NE 122nd Ave	X Add
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ective date, if other than th	e date of filing: _		e et :	(option	ial)	/ 0.5	000
effective date is listed, the date muter. If the date inserted in this b	lock does not meet	the applicable sta					
cument's effective date on the I	Department of State	's records.					
cord specifies a delayed effecti	un data, hut not an a	ffective time at 1	2:01 am on the c	arlier of: (b)	The 90	ith day after	r the
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27/20/	VI .	<u></u> .					
ted <u>07/02/</u>							
ted 07/02/	Signatur of a memi						

Filing Fee: \$25.00