## L21000275199

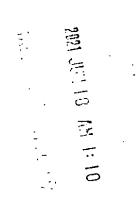
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
	STMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	- <u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NHAN PHAN		
		Name of Person	
		Firm/Company	
	5535 CYPRESS GARDEN		
		Address	
	WINTER HAVEN, FL 33	884	
		City/State and Zip Code	
	NTN1130@GMAIL.COM	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca		
NHAN PHAN		863 307-1168 at()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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 5	=	<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	•
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	t ananassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LTN INVESTMENTS LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	r appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	1 on 6/14/2021 and assigned
Florida document number L21000275199	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2027
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	3
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:  Name of New Registered Agent:	n our records, enter the name of the new regist
New Registered Office Address:	nter Florida street address
	, Florida
City	Zip Code

New Registered Agent's Signature, it 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 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	<u>Name</u>	Address	Type of Action
MGR	MICHAEL TRAN	5535 CYPRESS GARDENS BLVD STE 110	■Add
		WINTER HAVEN, FL 33884	□Remove
			□Change
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			Remove
			□Change
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fective date, if other than th	ne date of filing	/:			(optional)	
<b>fective date, if other than than the</b> an effective date is listed, the date in ote: If the date inserted in this	ust be specific and	cannot be prior to	date of filing or	more than 90 day	ys after filing.) I	Pursuant to 605,020
ocument's effective date on the			ore manaroty in	g requiremen	With the trace	
record specifies a delayed effect is filed.	ive date, but not	an effective tim	ie, at 12:01 a.m	. on the earlier	of: (b) The	90th day after the
JUNE 15		2021	_ •			
		1				
-	Alan Allan A	- A A.				
	Menthern Signature of a n	The security of author	ized representati	ve of a member		