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7/26/2



COVER LETTER

LTN INVESTMENTS LLC SUBJECT: 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: Nhan Phan Name of Person ·LTN Investments LLC Firm/Company 6039 Cypress Gardens Blvd Ste 532 Address Winter Haven, FL 33884 City/State and Zip Code ntn1130@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nhan Phan Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIN INVESTMENTS CLC		
(Name of the Limited (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liab		and assigned
This amendment is submitted to amend the follow		
A. If amending name, <u>enter the new name of t</u>	_	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>	
3. If amending the registered agent and/or reg agent and/or the new registered office address		r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	acc
	, F	loridaZiv 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 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>	Name	Address	Type of Action
MGR	Nhan Nong	6039 CYPRESS GARDENS BLVD, SUITE 532	
		Winter Haven, FL 33884	≣ Remove
			Change
MGR	Michael Tran	6039 CYPRESS GARDENS BLVD, SUITE 532	□Add
		Winter Haven, Fl 33884	■ Remove
			🗆 Change
			□Adđ
			□Remove
		<u></u>	Change
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listed, the date	must be specifi	filing: ic and cannot	be prior to date	c of filing or mo	re than 90 day	s after filing.)	Pursuant to	605.020
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