

h21000319731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

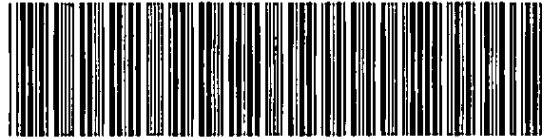
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500370034855

08/11/16

08/11/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VN TEA PORT CHARLOTTE LLC

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:

VANG TRAN

Name of Person

VN TEA PORT CHARLOTTE LLC

Firm/Company

24123 PEACHLAND BLVD, UNIT C9

Address

PORT CHARLOTTE, FL 33954

City/State and Zip Code

T.VANG7991@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANG TRAN

786 760-1364
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DAO, JOHN KHUYEN	8345 NOLAN STREET	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HO, TAN TAM	22089 DEBORAH AVE	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL, 33954	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	HO, HUONG	8345 NOLAN STREET	<input type="checkbox"/> Add
		PORT CHARLOTTE, FL, 33981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 23, 2021

Signature of a member or authorized representative of a member

VANG TRAN

Typed or printed name of signee

Filing Fee: \$25.00