L21000467181

(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:				
LA-23-25926				





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3/21/23 Vilus



February 24, 2023

TRUNG NGUYEN 12159 LAKELAND ACRES RD LAKELAND, FL 33810 US

SUBJECT: NGUYEN TREE AND LAND LLC

Ref. Number: L21000467181

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a INC, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

MAR 16 2023

Letter Number: 223A00004512

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations						
SUBJECT: No		AND LAND ited Liability Company	LLC			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return all correspond	dence concerning this matter	to the following:				
•	_	·				
	TRUNG	NGUYEN_				
		Name of Person				
Firm/Company						
	10,150 1 - 14.1 1 1 1 1 1 1					
	12(33) Cake	Land Avas Rd				
	1 1 1 1	T1 72010				
	Lakeland,	+L 3 7810				
	tommy nguy	FL 33810 City/State and Zip Code en 1201 @gmail	.com			
		to be used for future annual report noti				
For further information con	acerning this matter, please co	all:				
STOUNC N	(MYEN)	912 512	. 212 C			
TRUNG NEUYEN Name of Person		at (<u>\$13</u>) <u>573</u> Area Code Daytim	e 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)			
<u>Mailing Address:</u> Registration So Division of Co	ection	Street Address: Registration Se Division of Cor				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AND I AND // C

(Name of the Limited)	Liability Compan Florida Limited Li	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L2106046</u>	ility Company v <u>7181</u> .	were filed on $10/27/21$ and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the EVA FARM AND SER. The new name must be distinguishable and contain the word	VICES L	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		12159 Lakeland Avres Rd Lakeland, FL 33810
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u>)X)</u>	12159 Lakeland Acres Rd Lakeland, Fl 33810
B. If amending the registered agent and/or regi agent and/or the new registered office address I		ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	TRUNG	2 NGYTEN
New Registered Office Address:	5218	Serena Dr Enter Florida street address
	Temple T	errace Florida 33617

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	ALLISON PHAM	12159 Lakeland Avres Ro	L XAdd
		Lakeland, FL 33810	⊡Remove
			Change
AMBR	TRUNG NGYTEN	12159 Lakeland Aves Rd	□Add
		Lakeland, FL 33810	□Remove
			X IChange
			🗆 Add
			□Remove
			□Change
			⊡Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Channe

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(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 03/09/2023

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

TRUNG