

L21000518822

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2025 MAY 12 AM 10:09
CLERK OF COURT
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Vo's Family 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:

Phuong Huynh
Name of Person

The Vos Family LLC
Firm/Company

4805 Cheltenham Plce
Address

Cumming GA 30041
City/State and Zip Code

vomichelle75@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Vo Lirio
Name of Person

at (404)
Area Code

547 - 1929
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The Vos Family LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/08/2021 and assigned
Florida document number L 21000518822

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Phuong Huynh
4805 Cheltenham Place
Cumming GA 30041

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Quang Phuoc Vo

New Registered Office Address:

21257 Raindance Lane

Enter Florida street address

Boca Raton

City

Florida

33428

Zip 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.

Quang Vo

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>
AMBR	Hang Vo	4130 Ivy Chase Lane	<input type="checkbox"/> Add
		Suwanee GA 30024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Viet Vo	4860 Cheltenham Place	<input checked="" type="checkbox"/> Add
		Cumming GA 30041	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Phuong Huynh	4805 Cheltenham Place	<input checked="" type="checkbox"/> Add
		Cumming GA 30041	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thuy Vo	5255 Ashbury Manor Ln	<input checked="" type="checkbox"/> Add
		Sugar Hill GA 30518	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Julie Vo Lirio	3935 Abingdon place	<input type="checkbox"/> Add
		Cumming GA 30041	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

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2025 MAY 12 AM 10:10

RECEIVED
TOLSON ASSOCIATES

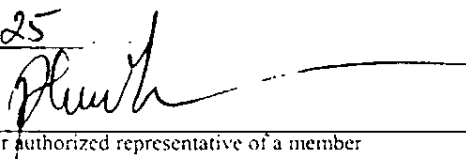
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 8th 2025



Signature of a member or authorized representative of a member

Phuong Huynh

Typed or printed name of signee