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(Address)

(Address)

(City/State/Zip/Phone #)

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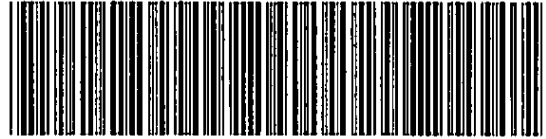
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T. MATTHEWS

MAR 15 2022

COVER LETTER

**TO: Registration Section
Division of Corporations
GREEN PAGODA**

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:

NGEUN THONGSIRIMONGHOUN

Name of Person

Firm/Company

6754 36TH AVE N

Address

SAINT PETERSBURG, FL 33710

City/State and Zip Code

PAKATAK5172@YAHOO.COM

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

For further information concerning this matter, please call:

NGEUN THONGSIRIMONGHOUN

912

3289494

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

MGR = Manager
AMBR = Authorized Member

[illegible]

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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.

Dated _____, _____.

Signature of a member or authorized representative of a member

nguen Thongsirimonghoun
Typed or printed name of signee