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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

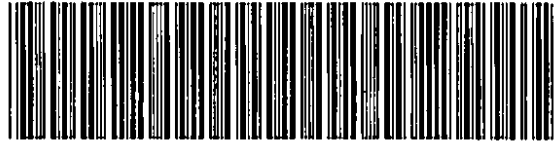
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 16 AM 8:13
CLERK OF STATE
TALLAHASSEE, FL

SEP 16 2022
R. HUNT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARIS BANH MI ALTAMONTE SPRINGS, 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:

LUAN PHAM

Name of Person

PARIS BANH MI ALTAMONTE SPRINGS

Firm/Company

155 CRANES ROOST BLVD, STE 1210

Address

ALTAMONTE SPRINGS/ FLORIDA 32701

City/State and Zip Code

kvhl@yahoo.com

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

For further information concerning this matter, please call:

LUAN PHAM

407 310-6734

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

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TALLAHASSEE, FL

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>
P	LUAN PHAM	9124 TUSCAN VALLEY PL	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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J LARRY OR STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

(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)

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.

2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00