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COVER LETTER

Registration Section

TO:

Division of Co	rporations			
	NH MI ALTAMONTE SPRII	NGS, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are suf	bmitted for filing.		
Please return all correspondence	ondence concerning this matter	r to the following:		
	LUAN PHAM			
		Name of Person		
	PARIS BANII MI ALTA	MONTE SPRINGS	· .	2222
		Firm/Company		Š
	155 CRANES ROOST BI	LVD, STE 1210	55 C	9 16 AM 8: 1
		Address	in in	A
	ALTAMONTE SPRINGS	S/ FLORIDA 32701	FL	
		City/State and Zip Code		•
	kvhl@yahoo.com			
	E-mail address:	(to be used for future annual report noti	fication)	
For further information of	concerning this matter, please of	call:		
LUAN PHAM		407 310-6734		
Name o	of Person		e Telephone Number	'
Enclosed is a check for the	he 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 Fed Certificate of Standard Copy (additional copy is e	atus &
Mailing Addres Registration S		Street Address:	-Min-	
Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee, I	FL 32314	2415 N. Monro	e Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARIS BANH MI ALTAMONTE SPRINGS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/01/2022}{1}$ and assigned Florida document number L22000105485 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) \circ 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: ထု Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
P	LUAN PHAM	9124 TUSCAN VALLEY PL	□Add
		ORLANDO, FL 32825	□Remove
			☐ Change
			□ Add
			□Remove
			☐Change
			Add
			ASSEE STATE Change
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SEPTEMBER 12 2022		

Filing Fee: \$25.00

Typed or printed name of signee