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COVER LETTER

TO:

TO: Registration Se Division of Cor				
VIETEAM	USA LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DAVID FERNANDEZ			
		Name of Person		
	VIETEAM USA LLC			
		Firm/Company		
	15246 SW 111 ST			, ,
		Address		t t
	MIAMI FL, 33196			:
		City/State and Zip Code		
	INFO@INCOMEFG.COM			•
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please co	all:		1
DAVID FERNANDEZ		786 5603148 at ()		
Name o	of Person		ne 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)	Certified (e of Status &
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632	-	The Centre of	•	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 81	0 0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIETEAM USA 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 $\frac{07/26/2022}{}$ and assigned 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) 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: 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

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>	Name	Address	Type of Action
MGR	RUTH VALLES	15246 SW 111 ST MIAMI FL., 33196	
			■Remove
			□Change
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			□Remove
			□Change
			□Add
			Remove
			D.C.L.

	
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to : If the date inserted in this block does not meet the application of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 605.02
ord specifies a delayed effective date, but not an effective tin filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d MARCH 21ST	·
Signature of a member or author	rized representative of a member

Filing Fee: \$25.00