L22000433578

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
(6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
	7
Special Instructions to	Filing Officer:
	J DENNIS
	FEB 2 - 2023

Office Use Only



300396927903

11/07/22--01031--028 **25.00

2822 NOV -7 PM 4: 14 .



COVER LETTER

Division of Co			
PHAMVA			
SUBJECT:		nited Liability Company	
		·	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	COREY KHOA VAN PH	AM	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	PHAMVAN LLC.		
		Firm/Company	
	5043 SHERIDAN STREE	T	
		Address	-
	HOLLYWOOD, FLORID	A 33021	
		City/State and Zip Code	, MAX. 4
	PHAMVKHOA@YMAIL.	COM (to be used for future annual report no	
For further information of	concerning this matter, please o	·	uncanon)
COREY VAN PHAM	-	954 986-9209	
Name o	of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is euclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHAMVAN LLC		
(<u>Name of the Limited Liabil</u> (A Fiorid	ity Company as it now appears on our rec la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on OCT 7, 2022	and assigned
Florida document number L22000433578	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	·	ter the name of the new registered
Name of New Registered Agent:	y**- 3	
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	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.

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>	Type of Action
MGR	THI MINH PHUNG PHAM	5406 NW 119TH RD	≣ Add
		MIAMI GARDENS, FL 33055	□Remove
			□Change
MGR	VAN THANH NGUYEN	5406 NW 119TH RD	= Add
		MIAMI GARDENS, FL 33055	□Remove
MGR	NU THI NGUYEN	1201 NW 141ST AVE	≣ Add
		PEMBROKE PINES, FL 33028	□Remove
			Change
		-	□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			Change

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<u>sote:</u> 1	ve date, if other than the date of filing:
	I 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 ed.
18 1110	
	NOVEMBER 2ND 2022
	\mathcal{A}_{α}
d is file	Signature of a member of authorized representative of a member

Filing Fee: \$25.00