L23000050918

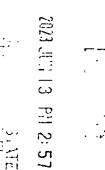
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900404962849

03/27/23--01023--018 •-50.51





May 12, 2023

ANGEL TRUONG

628 MICHELLE DR BILOXI, MS 39532 US

SUBJECT: 850 BIN SHOP LLC Ref. Number: L23000050918

We have received your document for 850 BIN SHOP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a LLC requiring an Articles of Amendment application. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 323A00010863

CEIVE 3

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
SUBJECT:	850 Binst	109 U.C.		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	indence concerning this matte	r to the following:		
	Angel Tr	Name of Person		
		Firm/Company		
	628 Miche	Mc Dr Address	 	
	Biloxi MS 3	64532 City/State and Zip Code		
	angel truing	City/State and Zip Code (to be used for Juture annual report notificall:	ication)	
For further information c	oncerning this matter, please	call:		
angel to	The transfer of Person	at (278) 257 Area Code Daytime	3021 Telephone Number	Fit 2: 57
Enclosed is a check for the				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate c Certified Co (additional cop	of Status & opy
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

850 bin shap	U/		
(Name of the Limited Liability Compa- (A Florida Limited L	nv as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300050918</u> .	were filed on <u>\square</u>	n 27,7023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	dity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
			<u> </u>
Enter new mailing address, if applicable:			L'S
(Mailing address MAY BE A POST OFFICE BOX)			57
B. If amending the registered agent and/or registered office a	address on our reco	rds, enter the name o	of the new register
agent and/or the new registered office address here:		·	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida :	street address	
	1		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee to act in this cap	acity. I further agree	to comply with t

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Chung Nguyen	113HL Sudduth Dr	_XAdd
		panama city F1 32404	□Remove
			□Change
			□Add
			□Remove
			□Add
			[] Remove
		· · · · · · · · · · · · · · · · · · ·	 ω
			:∃Add :
			□Change
		 	□Add
			□Remove
			□Add
			□Remove
			□ Change

		·	
			
			
			-
		-	
			
			
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date. Sote: If the date inserted in this block does not meet the applicable s	(option of filing or more than 90 days after file tatutory filing requirements, this d	ing.) Pursu	ant to 605.020 of be listed as
ocument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, a lis filed.	12:01 a.m. on the earlier of: (b)	The 90th	day after the
2003			23
$\frac{100}{100}$, • `	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Level (wer	<u> </u>		. 3
Signature of a member or authorized	representative of a member		C)
Angel Twos			F?:
THOK I IN MOTE	 ,		-755

Filing Fee: \$25.00