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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: I2021Q000160: \$25.00. **AUTHORIZATION SIGNATURE:** Hanania Nissan Motorcars, LLC Document # BUSINESS (Name) Pick up time ____ Walk in Mail out Will wait Photocopy Certified Copy of __ Certificate of Status **AMENDMENTS NEW FILINGS** X Amendment Profit Resignation Not for Profit ____Change of Registered Agent Limited Liability _Dissolution/Withdrawal Domestication Merger Other Conversion CORP **PLLC** REGISTERATION/QUALIFICATIONS **OTHER FILINGS** _ Foreign filing Annual Report __Limited Partnership Reinstatement Fictitious Name ____.Statement of Authority ___ Other APOSTIL (_____ Country

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:_____

COVER LETTER

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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANANIA NISSAN MOTORCARS, 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 09/20/2023 and assigned Florida document number L23000438736 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VINFAST BLANDING, LLC 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 BON) 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

_. Florida _

Zip Code

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
			□ Remove
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Note	ctive date, if other than the date of filing: (optional) ffective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Dated	November 22 2023
	1 1 1 1
	Signature of a number or authorized representative of a member

Filing Fee: \$25.00