## LZ4000128355

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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| Special Instructions to Filing Officer. |
| 5-28-24                                 |

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2024 HAY 28 PH 3: 16 SECRETARY OF STATE

## COVER LETTER

| TO: Registration Se<br>Division of Cor                                   |                           |                              |                                                                                       |                                                                               |                    |                 |           |
|--------------------------------------------------------------------------|---------------------------|------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------|-----------------|-----------|
| SUBJECT:                                                                 | くと                        | Lovel                        | Y NAÎLS                                                                               | LLC                                                                           |                    |                 |           |
|                                                                          |                           | Name of Limit                | ted Liability Company                                                                 |                                                                               | . •                |                 |           |
| The enclosed Articles of                                                 | Amendment and             | I fee(s) are subn            | nitted for filing.                                                                    |                                                                               |                    |                 |           |
| Please return all correspo                                               | ndence concern            | ing this matter t            | o the following:                                                                      |                                                                               |                    |                 |           |
|                                                                          |                           | Duc                          | ViNH Name of Person                                                                   | Gro                                                                           |                    |                 |           |
|                                                                          | <del></del>               | VN L                         | NELY N, Firm/Company                                                                  | Ails L                                                                        | LC                 | _               |           |
|                                                                          | 5463                      | b Lyons                      | Rd, Suite<br>Address                                                                  | B                                                                             |                    | 2074 H<br>SECR  | ي<br>م، ش |
|                                                                          | CoCo                      | nut C                        | Rd, Suite Address  Teek, FL City/State and Zip Cod 201960  be used for future annual! | 3307.                                                                         | 3                  | AY 28 F         | 1 mm      |
|                                                                          | Du                        | CVINH<br>E-mail address: (to | 2011960<br>o be used for future annu                                                  | GMAN<br>al report notifical                                                   | , CoM              | SER SE          | 3         |
| For further information c                                                | oncerning this i          | natter, please ca            | 11:                                                                                   |                                                                               |                    | FE 16           | ı         |
| Duc Vin                                                                  | UH NO                     | <del>7</del> 0               | at (954)<br>Area Code                                                                 | 504<br>Daytime Te                                                             | elephone Numbe     | 31              |           |
| Enclosed is a check for the                                              | ne following am           | ount:                        |                                                                                       |                                                                               |                    |                 |           |
| \$25.00 Filing Fee                                                       | □ \$30.00 Fi<br>Certifica | ling Fee &<br>ate of Status  | □ \$55.00 Filing Fe<br>Certified Copy<br>(additional copy is e                        |                                                                               | Certified          | ate of Status & |           |
| Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section Corporations      |                              | Regis<br>Divisi<br>The C                                                              | Address:<br>tration Section<br>ion of Corpor<br>Centre of Tall<br>N. Monroe S | rations<br>ahassee | 310             |           |
| rananassee, i                                                            | 1 1 1 1 1 1 T             |                              |                                                                                       | nassee. FL 32                                                                 |                    | 310             |           |

Not

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A                                                                                                                                                                                | Florida Limited L       | iability Company)                                  |                              |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------|------------------------------|--------------------|
| The Articles of Organization for this Limited Liab Florida document number 1240012                                                                                                |                         | were filed on $\frac{3}{1}$                        | 14/2021                      | and assigned       |
| '                                                                                                                                                                                 |                         |                                                    |                              |                    |
| This amendment is submitted to amend the follow                                                                                                                                   | /ing:                   |                                                    |                              |                    |
| A. If amending name, enter the new name of t                                                                                                                                      | <u>he limited liabi</u> | lity company here:                                 |                              |                    |
| The new name must be distinguishable and contain the work                                                                                                                         | ds "Limited Liabili     | ity Company," the designati                        | ion "LLC" or the abb         | reviation "L.L.C." |
| Enter new principal offices address, if applicab                                                                                                                                  | ole:                    |                                                    |                              |                    |
| (Principal office address MUST BE A STREET                                                                                                                                        | ADDRESS)                |                                                    | <del></del>                  |                    |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or regagent and/or the new registered office address | istered office a        | ddress on our records                              | FALL NHASSEE, Famer the name | <del>p</del> :::ا  |
| Name of New Registered Agent:  New Registered Office Address:                                                                                                                     | Duc<br>5463<br>CoConu   | VINH NO<br>Lyong Rd<br>Enter Florida stre<br>Creek | Suite et address             | 23073<br>Zip Code  |
| New Registered Agent's Signature if changing Day                                                                                                                                  | aistored Agent:         | •                                                  |                              | <b>r</b>           |

ivew Registered Agent's Signature, it 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

| Title | <u>Name</u>  | <u>Address</u>       | Type of Action                           |
|-------|--------------|----------------------|------------------------------------------|
| AMBR  | VINH NGO     | 5463 Lyons Rd, Suit  | eB □Add                                  |
|       |              | CoCenut Creck, FL3:  | 3073 Remove                              |
|       |              |                      | ☐ Change                                 |
| AMBR  | Duc vint NGO | 5463 Lyons Rd, Swit  | eB XAdd                                  |
|       |              | Coconut Creek, FL 32 | 073 DRemove                              |
|       |              |                      | □ Change                                 |
|       |              |                      | □Add                                     |
|       |              |                      | 2024 HAY 28 PH 3: 1.6 - TALL AHASSEE, FL |
|       |              |                      | E. S. A. J. Remo                         |
|       |              |                      | , ' Change                               |
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| 1                                                      | help Cor                 | rect m             | y nam                                         | e far                                   | <u>n</u>         | <del></del>        |                 |
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| "VINH N                                                | help cor                 | "Duc               | HUIV                                          | NGO".                                   | Tha              | nk                 | you!            |
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| 1270                                                   | <del></del>              |                    |                                               | ; <del></del>                           |                  |                    |                 |
| tive date, if other the                                | an the date of fili:     | no.                |                                               | (                                       | optional)        |                    |                 |
| ffective date is listed, the d If the date inserted in | late must be specific ar | nd cannot be prior | to date of filing o                           | r more than 90 days                     | after filing.    | ) Pursua           | int to 605.     |
| ment's effective date on                               | the Department of        | State's records    | abic statutory tr                             | ang requirement                         | , uns date       | wiii no            | ot be liste     |
|                                                        |                          |                    |                                               |                                         |                  |                    |                 |
| ord specifies a delayed e<br>filed.                    |                          |                    |                                               | n, on the earlier o                     | of: (b) Th       | e 90th             | day after       |
|                                                        | Ł                        |                    |                                               |                                         |                  |                    |                 |
|                                                        | on rd                    | 202                | <del></del>                                   |                                         |                  |                    |                 |
| d March                                                | 16                       | ., <del></del>     | <del></del> -                                 |                                         |                  |                    |                 |
| March                                                  |                          |                    |                                               |                                         |                  |                    |                 |
| d_March                                                |                          |                    | orized representat                            | ive of a member                         | _                |                    |                 |