## L24000207363

(Re	questor's Name)	<del></del>
(Ad	dress)	<del></del> .
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(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
`	,	•,
(1)0	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· <del>-</del>
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## **COVER LETTER**

TO: Registration So Division of Cor				
D3P Ventu	res LLC			
3063EC1;	Name of Lim	ited Liabitity 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:		
	Quang Duong			
		Name of Person		
	D3P Ventures LLC			
		Firm/Company		
	13014 North Dale Mabry	Hwy Ste 205		
		Address	<del></del>	
	Tampa, FL 33618			
	info@bbqchickensp.com	City/State and Zip Code		
		to be used for future annual report	notification)	
For further information c	oncerning this matter, please co	all:		
Quang Duong			9	
Name o	f Person	Area Code Day	ytime Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	s:	Street Address	, ,	
Registration S	Section	Registration		
Division of Corporations		Division of 0	Division of Corporations	
P.O. Box 6327		The Centre of	of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Fior	oility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 1.24000207363		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li		
The new name must be distinguishable and contain the words 1.	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	adda
	Eviler F lorida street	
	City	, Florida 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>	Address	Type of Action
AMBR	Huy Doan	1604 Ports o Call Dr. Plano, TX 75075	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change
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		<del></del>	Remove : :: ::
			□ Change :
			□Remove
			□Change