124000259535

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

	Registration So Division of Co			•
SUBJECT		REAL ESTATE HOLDING L	IMITED LIABILITY COMPAN	Y
SUBJEAL	· ·	Name of Lin	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	un all correspo	ondence concerning this matter	to the following:	
		HAI NGUYEN		
			Name of Person	
			Firm/Company	
		1835 SWITCHGRASS LN	ı	
		· · · · · · · · · · · · · · · · · · ·	Address	
		SHAKOPEE, MN 55379		
		NGUY0768@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
HAI NGU	YEN		763 742-2637	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street Address: Registration S	ection
	ivision of C		Division of Co	
	.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIONEER REAL ESTATE HOLDING LIMITED LIABILITY COMPANY

(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 Lia	ability Company were filed on JUNI	E 6	and ass	ianod
Florida document number L24000259535			and ass	igiica
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of	the limited liability company here	2:		
			7.5	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the desi	gnation "LLC" or the ab	breviation L.I	IC."
Enter new principal offices address, if applica	ble:		- <u> </u>	- <u>+</u>
(Principal office address MUST BE A STREET	(ADDRESS)	· ·		
		·	· <u>A</u>	1
		٠,	. <u>cp</u>	£,.
Enter new mailing address, if applicable:			9.4	
(Mailing uddress MAY BE A POST OFFICE B	(OX)			
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	gistered office address on our reco s here:	ords, <u>enter the nam</u>	e of the new	registered
New Registered Office Address:				
	Enter Floride	i street address		
		Florida	Zip Code	
	City		Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to provely reflect a change in the re-	r and complete performance of m	y duties, and I am f apter 605, F.S. Or,	amiliar witt if this docu	n and ment is

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
MRG	Thao-Chi Phan	1835 Switchgrass In	
		Shakopee, MN 55379	□Remove
			□ Change
MRG	Anh Nguyen	9634	= Add
		CHIANTI CLASSICO TER	□Remove
		BOCA RATON, FL 33497	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□ Change
			□Add
			□Remove
			□ Change

Note:	ive date, if other than the date of filing:
ie recoi ord is fi	rd 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 led.
Dated	7/18/2024
	Hm
	Signature of a member or authorized representative of a member
	HALNGUYEN

Filing Fee: \$25.00