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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
SUBJECT:	NGUYEN	'S GROUP LLC	
30B3EC1.	Name of Lim	ited Liability 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:	
		DUYEN T NGUYEN	
		Name of Person	
		Firm/Company	<del>-</del>
	Address SANTA ROSA BEACH, FL 32459		
		Address	
	SAN	∜TA ROSA BEACH, FL 32459	
		City/State and Zip Code	
		to be used for future annual report n	otification)
For further information of	concerning this matter, please c	all:	
DUYEN	TNGUYEN	678 554-5659	
Name o	of Person	at ()	time Telephone Number
Enclosed is a check for t	he following amount:		
S S25.00 Filing Fee	☐ \$30.00 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)
Mailing Addres Registration		Street Address: Registration S	
Division of C	Corporations	Division of C	Corporations
P.O. Box 633	21	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NGUYEN'S GROUP LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000277117</u> .	were filed on JUNE 18, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4688 US HIGHWAY 98W UNIT 1	. ~
(Principal office address MUST BE A STREET ADDRESS)	SANTA ROSA BEACH, FL 32459	2
		5
Enter new mailing address, if applicable:	4688 US HIGHWAY 98W UNIT I	72
(Mailing address MAY BE A POST OFFICE BOX)	SANTA ROSA BEACH, FL 32459	
		7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	PN at to	
	, 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 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
MGR	DUYEN T NGUYEN	22 W AUDREY DR NW	■Add
		FT WALTON BEACH, FL 32548	□Remove
			Change
AMBR	TRAM THI MINH NGUYEN	105 BAY GROVE DR	≅Add
		FREEPORT, FL 32439	□Remove
			Change
AMBR	VU THANH NGUYEN	6309 HEDGEROW DR	≣Add
		WEST CHESTER, OH 45069	□Remove
		<del></del>	Change
	<del></del>		□Add
			Remove
			□Change
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			□Change

If amending	any other information, en	iter change(s) here:	(Attach additional	sheets, if necessary.,	)
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Note: If the o	te, if other than the date of ate is listed, the date must be specified in this block doe affective date on the Department	s not meet the applical			
he record speci ord is filed.	fies a delayed effective date, b	out not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
Dated	JULY 12	2024	_•		
		Marie			
	Signatu	re of a member or author	ized representative of a	member	<del>.</del>
		DUYEN T N	NGUYEN		
-		Typed or printed			

. . . .

Filing Fee: \$25.00