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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration S Division of Co			
SUBJEC	CHO DEM	I JACKSONVILLE-ASIAN N	GHT MARKET	
SUBJEC	1;	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		VU NGUYEN		
			Name of Person	
			Firm/Company	
		2245 SAYE DR E		
			Address	<del></del>
	JACKSONVILLE FL 32225			
			City/State and Zip Code	
		vu@vusautoservice.com		
			to be used for future annual report no	otification)
For furthe	r information c	concerning this matter, please c	all:	
VU NGU	YEN		904 635-1999 at ( )	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for the	he following amount:		
<b>■</b> \$25.0	0 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)
F	Hailing Addres	Section	Street Address: Registration S	
i.	Division of C	Corporations	Division of Co	orporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CHO DEM JACKSONVILLE-ASIAN NIGHT MARKET 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 $\underline{\text{JUNE}}$ 27 2024 and assigned Florida document number 1.24000290036 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 BOX) $\bigcirc$ 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 . Florida 🔃 City

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KHANH NGUYEN	11449 LAUREL GREEN WAY N	
		JACKSONVILLE FL 32225	■Remove
		<del></del>	Change
MGR CHIEN	CHIEN D DAO	144 PRINCE ALBERT AVE	
		ST JOHNS FL 32259	
•			Change
			□Add
			Remove
			□Change
		<del></del>	□Add
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fecti	ve date, if other than the date of filing:    Optional   Optional
an CH	cetive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cum	ent's effective date on the Department of State's records.
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
	,
ated	JULY 30 2024 )
	JULY 30 2024 July
	Signature of a member of authorized representative of a member
	KHANH NGUYEN  Typed or printed name of signee

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Filing Fee: \$25.00