

35/27/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TEA SPOT STORE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KHIOA NGUYEN

Name of Person

THE TEA SPOT STORE LLC

Firm/Company

925 15TH PL

Address

VERO BEACH, FL 32960

City/State and Zip Code

kelvinnguyen1738@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KHOA NGUYEN

772 6961738

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
AMBR	NGUYEN, KHOA	925 15TH PL	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VO, MY	925 15TH PL	<input type="checkbox"/> Add
		VERO BEACH, FL 32960	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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7 MAY 6:25 PM
VERO BEACH, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The current member name KHOA NGUYEN is filled incorrectly as 1998.KHOA.

Correct one is First Name: KHOA Last name: NGUYEN

The other member MY VO is correct filled. No need change.

FILED
AUG 25
2024
FBI
HONOLULU

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

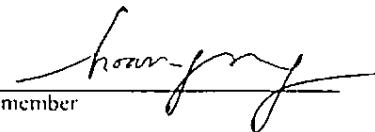
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 23, 2024



Signature of a member or authorized representative of a member

KHOA NGUYEN



MY VO

Typed or printed name of signee