L24000359805

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2024 OCT -4 AM 8: 18

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	PHO LOVERS, LLC		•					
SUBJECT:		Name of Limit	ed Liability Company					
The enclosed Art	icles of Amendment and f	ee(s) are subtr	nitted for tiling.					
Please return all c	correspondence concerning	g this matter to	the following:					
		SUONG N	VUONG					
			Name of Person		 _			
		PHO LOV	ÆRS, LLC					
			Firm/Company					
		5864 PARI	K BLVD					
			Address					
		PINELLA	S PARK, FL 33781					
	 		City/State and Zip Code					
			ERPP@YAHOO.COM					
			be used for future annual re	port notification)				
For further infort	nation concerning this ma	iter, please cal	ł:					
SUONG VUON	G		727 498- at ()	-6677				
	Name of Person		Area Code	Daytime Telephone	Number			
Enclosed is a che	ek for the following amou	nt:						
□ \$25.00 Filing	g Fee	-	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)			
	Address:		Street Ado					
	ration Section on of Corporations		Registration Section Division of Corporations					
	ox 6327			tre of Tallahasse	e			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PHO LOVER, LLC

2024 OCT -4 AM 8: 18

(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 $\frac{08/16/2024}{1}$ Florida document number ____L24000359805 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PHO LOVERS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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, 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
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change

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Signature of a member or authorized representative of a member	Dated	9/29		: <i>~</i>	<u> 202</u> -	<u>4</u> .							
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Filing Fee: \$25.00