N12 0000 11709

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
Cit	y/State/Zip/Phone	o #0
(Cit	y/Otate/Zip/i floin	σ π)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(= -	,	
Outral Outra	C = 4'E' = -4 =	
Certified Copies	_ Centricates	s or Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



800360786428

08/01/21--01099--028 ++35.00

PILED 2021 MAR -1 PH 4: 05 SECRETARY OF STATE

1 D. 1601

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PHAT TONG TU V	IEN, INC	
DOCUMENT NUMBER:	N12000011709		
The enclosed Articles of Amendment and fee			
Please return all correspondence concerning t	this matter to the follow	ino.	
rease return an correspondence contectning		_	
	VU QUOC 1	TRAN	
	(Name of Cont	act Person)	
	N/A		
	(Firm/ Co	npany)	
	333 KETO	ЭН СТ	
·	(Addro	ess)	· · · · · · · · · · · · · · · · · · ·
	ORLANDO	FL 32835	
	(City/ State and	I Zip Code)	
	vuqtranvn@y	·	
E-mail address: (to	be used for future annu		ion)
For further information concerning this matte	r, please call:		
VU QUOCTRAN		407	291-2236
(Name of Contac	et Person)	at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	orida Department (of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		oy Cer copy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)
Mailing Address		Street Address	
Amendment Section Division of Corporations		Amendment Se	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation ED

PHAT TONG TU VIEN, INC.

(Name of Corporation as currently filed with the	Florida Dept. of Man	PM-4: 05
N12000011709	SECRETARY	
(Docume	ent Number of Corporation (12 kg	
Pursuant to the provisions of section 617,1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not Fo</i> r	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
	N/A	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab	le:	
(Principal office address <u>MUST BE A STREET AL</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX) N/A	
		
D. If amending the registered agent and/or regist	arad affice address in Florida	onter the name of the
new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:	N/A	
- <u>New Registered Office Address:</u>	(Flo	rida street address)
New Registered Office Address.	N/A	
-	(City)	, Florida (Zip Code)
	·	(sap exac)
New Registered Agent's Signature, if changing Roll hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept t	the obligations of the position.
	Signature of New Registe	red Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>D</u>	CHUN, PATRICIA	8656 WARWICK SHORE CROSSING
_x Remove			ORLANDO, FL 32829
2) Change Add	D	LA, NGHIEP	20502 NETTLETON ST ORLANDO, FL 32833
x Remove 3) Change Add _x Remove	STD	LE, HUNG	3811 GROOM DR ORLANDO, FL 32810
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			
	1	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		

		<u>.</u>		
				
			· · · · · · · · · · · · · · · · · · ·	
				
				
				
				+1
	N 7/ N			
The date of each amendment(s) date this document was signed.) adoption: N/A			, if other than
Effective date if applicable:	//A			
<u></u>	(no more than 90	days after amendment,	file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the app Department of State's reco	plicable statutory filing rds.	requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	ı		
☐ The amendment(s) was/were was/were sufficient for appr	e adopted by the members a oval.	and the number of votes	s cast for the amendment(s)	

Dated	02/07/2021
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	To loudy/
Signatur	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	TUAN QUANG NGUYEN
	(Typed or printed name of person signing)