P19000013754

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: THANH NGUYE	N INC.	
DOCUMENT NUMI	BER: P19000013754	. <u>.</u> .	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	HA VU		
		Name of Contact Person	n
	THANH NGUYEN INC.		
		Firm/ Company	
	8404 W. HILLSBOROUGH	AVE.	
	•	Address	
	TAMPA, FL 33615		
	-	City/ State and Zip Cod	e
HUR'	Г321@ҮАНОО.СОМ		
 	E-mail address: (to be u	sed for future annual report	notification)
For further information	a concerning this matter, pleas	se call:	
HA VU		at (389-2360
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

THANH NGUYEN INC.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P19000013754	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporat."Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	第二章 三
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SEE TO
	<u> </u>
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
Name of New Negistered Agent	
(N - 1)	
·	street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	•
I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	BINH NGUYEN	8404 W. HILLSBOROUGH AVE
X Add		_	TAMPA, FL 33615
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			 ,
Remove			
4) Change			
Add			
Remove			
51 Change			··
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<u> </u>
	-
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issue	d shares.
F. If an amendment provides for an exchange, reclassification, or cancellation of issue provisions for implementing the amendment if not contained in the amendment its (if not applicable, indicate N/A)	<u>elf:</u>
N/A	
	<u> </u>

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated03_ 11_ 2019.	
1 -	
Signature (By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
IIA VU	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)