

L11000140038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

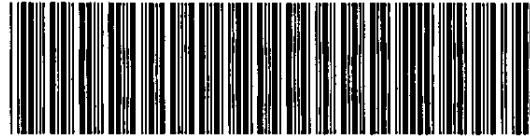
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Birch DEC 3 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: URBAN ANGLER MIAMI 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:

HAI HUY TRUONG
Name of Person

Firm/Company

345 25 SW 214 AVE
Address

HOMESTEAD, FL 33034
City/State and Zip Code


HAI @ HAI TRUONG FISHING. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAI HUY TRUONG at (786) 405-4146
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

URBAN ANGLER MIAMI 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 DEC 13, 2011 and assigned Florida document number L11000140038.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HAI TRUONG FISHING LLC

The new name must be distinguishable and end with 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)

11315 SW 47 TERR
MIAMI, FL 33165

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11315 SW 47 TERR
MIAMI, FL 33165

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:

JORGE GARCIA-MENCAL ESQ

New Registered Office Address:

2355 ZALZEDO ST SUITE 204C

Enter Florida street address

CORAL GABLES, Florida 33134

City

Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

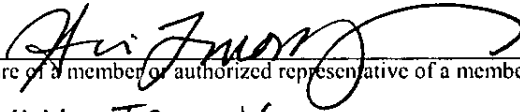
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PHONG H TRUONG	PO BOX 349137	<input type="checkbox"/> Add
		HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: NOV 27, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOV 17, 2014, _____.



Signature of a member or authorized representative of a member

HAI TRUONG

Typed or printed name of signee

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14 NOV 20 PM 4: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA