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## **COVER LETTER**

Division of Cor		•		
SUBJECT:	Zhaomd	LLC		
SUBJECT.	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	)(	Name of Person		
		Name of Person		
	24	Firm Company		
		Firm/Company		
	[6700	Firm Company  Lake Pickett  Address  ndo, FL 328  City/State and Zip Code  ao md @ aol. com  to be used for future annual report notificall:	Rd =	£-#3
		Address	11,	
	Orlar	ndo, FL 328	720 %	007 24 P
		City/State and Zip Code	SE-	= ;
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information c	concerning this matter, please c	all:	OKID.	្រុ
Tian	Zhao	at ( <u>407</u> ) <u>230</u> Area Code Daytine	- 4654	
Name o	d Person	Area Code Daytime	Telephone Number	_
Enclosed is a check for t	he 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 Certificate of Certified Cop cadditional copy	f Status & oy
MAIL	ING ADDRESS:	STREET/COURIE	IR ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zhaomd		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000181408</u> .	y were filed on <u>Octob</u>	ver 18, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial  Health Adva  The new name must be distinguishable and contain the words "Limited Liab		rnational LLC on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-NA	THE OCT 24
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, enter the name of the nev
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida stree	et address
	City	Florida
	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 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
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		Port Moody B.C.	🗆 Remove
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Filing Fee: \$25.00