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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CUD	Dr. Thuy N	lguyen				
SUB	JEC1:	Name of Lim	ited Liability Company	<del></del>		
The c	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return all correspo	indence concerning this matter	to the following:			
		Thuy Nguyen				
			Name of Person	•		
			Firm/Company			
		13021 Grand Bank Lane	•			
			Address	·		
		Orlando, FL 32825				
			City/State and Zip Code			
		DrThuyN@gmail.com			2010 Sec Tall	
		E-mail address: (	to be used for future annual report notifi	cation)	LAHA CARA	7
For fi	urther information c	oncerning this matter, please co	all:		16 3 54 S	-
Thuy	Nguyen		321 246-3247 at ( )		O PH	
		f Person	Area Code Daytime	Telephone Number	100000 10000	Same
Enclo	sed is a check for th	ne following amount:				
<b>■</b> \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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**

Nauven Wellness Consulting LLC

(Non-Case Lines Li	Nic. Carina and American and American	
(A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L16000091652</u>	Company were filed on 05/10/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Dr. Thuy Nguyen, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		ZINA A
(Principal office address MUST BE <u>A STREET ADI</u>	DRESS)	38 E
		30
Enter new mailing address, if applicable:		55 4
·		(C) (C) (C)
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		e name of the nev
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida	
		Zip Code
New Registered Agent's Signature, if changing Registe	red 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			Add
			□ Remove
			Change
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ective date, if other than the	08/15/2018	40-	otional)
n effective date is listed, the date mu-	st be specific and cannot be prior to	date of filing or more than 90 days at e statutory filing requirements, t	
cument's effective date on the D		e statutory trinig requirements, t	ins date will not be listed a
record enecifies a delayer	d offactive data, but not	an effective time, at 12:01	lam on the carlier
The 90th day after the rec		m enective time, at 12.01	. a.m. on the earlier
, August 15	2018		
ted August 15	·		
· 11	$^{\prime}$	<del></del>	

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Typed or printed name of signee

Filing Fee: \$25.00