LICOONCHCHZ

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. SCOTT NOV 9 2016

COVER LETTER

то:	Registration Se Division of Cor			
		HYGIENAIR LLC		
SUBJI	ЕСТ:	Name of Lim	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		TRUC NGUYEN		
			Name of Person	
		HYGIENAIR LLC		
			Firm/Company	
		8087 MONETARY DRIV	E, SUITE F-6	
			Address	
		WEST PALM BEACH, F	_ 33404	78. 5
			City/State and Zip Code	- LEGRE A
		CHARLESMNGUYEN@Y	AHOO.COM to be used for future annual report notification	
For fu	rther information of	e-man address: (·	INSSEE, F
TRUC	C NGUYEN		561 578-0078	2: 32 STATE LORID
	Name	of Person		ephone Number
Enclos	sed is a check for t	he following amount:		
\$ \$2	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)
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns EIN

Tallahassee, FL 32301

81 - 3732069

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HYGIENAIR LLC		
(<u>Name of the Limited</u>	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial		and assigned
Florida document number L16000164642	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o	r registered office address on our records, er	terzife name of the ne
registered agent and/or the new registered offi		CRE NO TI
Name of New Registered Agent:		SAR & M
		77.72
New Registered Office Address:	Enter Florida street address	- 55 N
	Lines 1 fortus sireet dadress	25 32 32 32 32 32 32 32 32 32 32 32 32 32
	, Florid	
	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>	<u>Address</u>	Type of Action
AMBR	CHAUVIN SOUVANDY	8087 MONETARY DR, SUITE F6	= Add
		WEST PALM BEACH, FL 33404	☐ Remove
			☐ Change
MBR	DUNG DINH HUY,	NH 6521 PATRICIA	<u>D</u> ≥ Add
		NH 6521 PATRICIA WEST PALM BEACH, H	<u>€.334/3</u> □ Remove
			☐ Change
			Add
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		<u> </u>	Remove
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			PH Add SEE, FLORIDA Remove
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			Change

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Dated NOVEMBER 02, 2016		
	HIC	obtif day after the record is filed.
	Nated	NOVEMBER 02 2016
Signature of a member or authorized representative of a member	Jaicu	,
Signature of a member or authorized representative of a member		- Mary
		Signature of a member or authorized representative of a member
		TRUC NGUYEN

Page 3 of 3

Filing Fee: \$25.00