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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MING-TRI LCC 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:	
PHETSAVAN H/ SENEBOUTTARATH	
MING-TRILLC Firm/Company	
1833 HALSTEAD BLUDAPT 8	316
TALLAHASSEE FL 32309 City/State and Zip Code KARMA_ONE1@YAHOO.COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
PHETSAUANH SENE BOUTTAKATAL SW Z12 · Z 40 7 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Scentified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Scentified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Λ_{4} $\rightarrow \Omega_{4}$	2022 MAR 29 AM II: 26
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	SECRETARY OF STATE
(A Florida Limited Liability Company)	recontrative for the Contration
The Articles of Organization for this Limited Liability Company were filed on 11/11 Florida document number 17000 23 706 0	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address here:	enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street	address
	, 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 provisions of all statutes relative to the proper and complete performance of my dut accept the obligations of my position as registered agent as provided for in Chapter being filed to merely reflect a change in the registered office address. I hereby confice company has been notified in writing of this change.	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	TRI DUONG	1741 RIVER BIR TALLAHASSEFLE	Reflexed/Ic/u
		TACLAHASSEFL 32	-308 Remove
			□Change
			□Add
			Remove
			□ Change
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			□Add
			□Change
			□Add □Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated MARCH 29th, 2023 Signature of a member of authorized representative of a member
Signature of a member of authorized representative of a member
PHET SAVANH SENEBOUTTARATH

Filing Fee: \$25.00