L19000043673

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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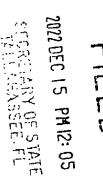
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COVER LETTER

TO: Registration S Division of Co					
OLID ID OF	Nguyen LLC	•	·		
		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Alexandra Nguyen				
	-	Name of Person			
	Alexandra Nguyen LLC				
		Firm/Company			
	888 Biscayne Blvd				
		Address			
	Unit 2504				
	City/State and Zip Code				
	Miami Fl 33132				
	E-mail address: (to be used for future annual report noti	fication)		
For further information	concerning this matter, please ca	all:			
Alexandra Nguyen		305 606-0670 at ()			
Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	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, El. 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alexandra Nguyen 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 $\frac{2/13/2019}{2}$ and assigned Florida document number L19000043673 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Health Choice LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
MGR	Alexia Avila	888 Biscayne Blvd #2504 Miami Fl 33132	□Add
			□Remove
			Change
			□Remove
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fecti	date, if other than the date of filing: (optional) ve 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 6	<u>05 0207</u>
ote:	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	sted as
cum	's effective date on the Department of State's records.	
ecore	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
ated	cember 6 2022	
-		

Typed or printed name of signee