## L21000005555

| (Red                                    | questor's Name)   | <del></del> |  |  |
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| (City                                   | //State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bus                                    | siness Entity Nar | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | Certificates      | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|                                         |                   |             |  |  |
|                                         |                   |             |  |  |
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|                                         |                   |             |  |  |

Office Use Only



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09/25/23--01027--019 \*\*25.00

A. RIVERS

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

| SUBJECT:                          | MixMy                                        | Rx Ventures LLC                                                     |                                                                                         |  |
|-----------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
|                                   | Name of Lim                                  | ited Liability Company                                              |                                                                                         |  |
|                                   | Amendment and fee(s) are sub                 | ·                                                                   |                                                                                         |  |
| Please return all correspo        | ndence concerning this matter                | to the following:                                                   |                                                                                         |  |
|                                   |                                              | Tuan Tran                                                           |                                                                                         |  |
|                                   |                                              | Name of Person                                                      |                                                                                         |  |
| MixMyRx Ventures LLC Firm/Company |                                              |                                                                     |                                                                                         |  |
| 86% Vineland Ave Address          |                                              |                                                                     |                                                                                         |  |
|                                   |                                              |                                                                     |                                                                                         |  |
|                                   |                                              | City/State and Zip Code<br>tuantran@mixmyrx.com                     |                                                                                         |  |
|                                   |                                              | to be used for future annual re-                                    | port notification)                                                                      |  |
| For further information of        | oncerning this matter, please c              | all:                                                                |                                                                                         |  |
| Tuan T<br>Name o                  |                                              | at (407)<br>Area Code                                               | 361-3049  Daytime Telephone Number                                                      |  |
| Enclosed is a check for th        | ne following amount:                         |                                                                     |                                                                                         |  |
| ☑ \$25.00 Filing Fee              | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Addres Registration S     |                                              | Street Add<br>Registrat                                             | <u>tress:</u><br>ion Section                                                            |  |

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MixMyR:                                                       | x Ventures LLC                                                           |                                        |
|---------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------|
| ( <u>Name of the Limited Liab</u><br>(A Flor                  | illity Company as it now appears on or<br>ida Limited Liability Company) | r records.)                            |
| The Articles of Organization for this Limited Liability       | Company were filed on                                                    | 020 and assigned                       |
| Florida document number                                       | ·                                                                        |                                        |
| This amendment is submitted to amend the following:           |                                                                          |                                        |
| A. If amending name, enter the new name of the li             | mited liability company here:                                            |                                        |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designat                                  | on "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:           |                                                                          |                                        |
| Principal office address MUST BE A STREET ADI                 | ORESS)                                                                   |                                        |
|                                                               |                                                                          |                                        |
|                                                               |                                                                          | -5                                     |
| Enter new mailing address, if applicable:                     |                                                                          | · C                                    |
| Mailing address MAY BE A POST OFFICE BOX)                     |                                                                          | 9 19                                   |
|                                                               |                                                                          |                                        |
|                                                               |                                                                          | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| B. If amending the registered agent and/or register           |                                                                          | s, enter the name of the new registere |
| agent and/or the new registered office address here           | •                                                                        | 13 :                                   |
| Name of Nau Paristand Aponts                                  |                                                                          | •                                      |
| Name of New Registered Agent:                                 |                                                                          |                                        |
| New Registered Office Address:                                | Enter Florida stre                                                       | at and become                          |
|                                                               | Eruer Florida Sire                                                       |                                        |
|                                                               | Ciry                                                                     | , Florida<br>Zip Code                  |
|                                                               | 5.017                                                                    | 2.19/ 52/20                            |

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                             | Type of Action |
|--------------|-----------------|-------------------------------------|----------------|
| Chairman     | Chinh Trung Vo. | 420 Salk Circle Gaithburg, MD 20878 | □Add           |
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