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COVER LETTER

Div	ision of Corp	orations			
CUD IFCT.	TrandiMed L	LC			
SUBJEC1:	Name of Limited Liability Company				
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Huy Sam			
			Name of Person		
		TrandiMed LLC			
			Firm/Company		
		925 S. Semoran Blvd			
			Address		
		Orlando FL 32807			
			City/State and Zip Code		
		trandimed@gmail.com	to be used for future annual report notifica	tion)	
For further i	nformation co	ncerning this matter, please of		,	
Huy Sam			513 477.6668		
	Name of	Person	at () Area Code Daytime T	elephone Number	
Enclosed is	a check for the	e 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)	
<u>Ma</u>	ailing Address	<u>.</u>	Street Address:		

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

TO:

Registration Section

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

TrandiMed LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited 1	Liability Company were filed o	on 07/19/2021 and assigned
Florida document number L21000326092		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability compa	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
 If amending the registered agent and/or gent and/or the new registered office addre 		our records, <u>enter the name of the new register</u>
and of the new registered white addr	is nere.	
Name of New Registered Agent:	Huy Sam	
New Registered Office Address:	925 S. Semoran Blvd	
	Ente	er Florida street address
	Oriando	, Florida ³²⁸⁰⁷
	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
MGR	Huy Sam	925 S. Semoran Blvd	∃ Add
		Orlando FL 32807	□Remove
			□Change
MGR	Anh T. Tran	1205 Fountain Coin Loop	
		Orlando FL 32828	=Remove
			□Change
			□ Remove
			Change
			□Add
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			□Remove
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