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T. MATTHEWS APR 2 0 2022

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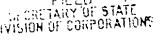
Registration Section Division of Corporations

SUBJECT: <u>NGUYEN</u>	DYNASTY Name of Limite	ASSOCIATES ed Liability Company	, LLC
The enclosed Articles of Amendment	and fee(s) are subm	itted for filing.	
Please return all correspondence conc	erning this matter to	the following:	
	JASON	Name of Person	
<u> </u>	WEN DY	NASTY J ASSOC Firm/Company	IATES LLC
124	90 LONGS	TONE CT. Address	
NEW	PORTFILL	HEY FLORIDA City/State and Zip Code	entegnal.com
<u>ng</u>	Bhail address to t	he used for figure annual report not	entegnal.com
For further information concerning thi	s matter, please call:		
Name of Person	EN	at (<u>813</u>) <u>992</u> Area Code <u>Daytin</u>	- 4148 ne Telephone Number
Enclosed is a check for the following a	mount:		
\$25.00 Filing Fee	Filing Fee & icate of Status	S55.00 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, FL 32314		Street Address: Registration Se Division of Cor The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF CORPORATIONS OF



OF 22 APR -6 AM 10: 00

NGUYEN DYNASTY & ASSOCIATES 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 Compa	any were filed on <u></u>	IARCH 10, 2023 and assigned
Florida document number L22/09/0122769.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "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)		
<u>, </u>		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our re	cords, <u>enter the name of the new registered</u>
New Registered Office Address:	Futer Flori	la street address
- 	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	cte performance of r as provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
If(hanging Registered Age	nt, 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>	Address	Type of Action
AR	JASON NGUYEN	12490 LONGSTONE CT.	⊴ Add
		NEW PORT RICHEY, FLORER	<u>A</u> □Remove
		34655	
			□Add
			□Remove
			□Change
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Note: 1	the date, if other than the date of filing:
the record ford is file	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 d.
Dated _	APRIL 1 2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00