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(Req	uestor's Name)	
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COVER LETTER

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TO: Registration Section

Divi	sion of Cor	porations		
	Huynh Mec	LLC		•
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		5	C	
		Leo Huynh		
			Name of Person	
			Firm/Company	
		9950 sw 121st st		
			Address	
		Miami, FL 33176		
			City/State and Zip Code	
		Drleohuynh@gmail.com	to be used for future annual report no	utification)
For further in	formation c	concerning this matter, please co		
Leo Huynh			305 3335527 at ()	 ස
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	he following amount:		
□ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	ection
Div	ision of C	Corporations	Division of Co	orporations
_	. Box 632 lahassee, l	27 FL 32314	The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Huynh Med LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>(s.</u>)
he Articles of Organization for this Limited Liability	y Company were filed on 11/28/22	and assigned
orida document number L22000499502	·	
nis amendment is submitted to amend the following	;	
. If amending name, enter the new name of the l	imited liability company here:	
Or Leo Huynh LLC		
he 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 AD	DRESS)	
		***)
		;
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX		
		 _
3. If amending the registered agent and/or registe gent and/or the new registered office address her		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	Enter rioriaa street aaares	s
<u> </u>		orida
	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>	Address	Type of Action
			□Add
			□ Remove
			□Add
			□Remove
			□Change
			Remove
			 □Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change

Page 2 of 3

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fective date, if other than the n effective date is listed, the date mus	date of filing:	prior to date of filing		ional) rr filing.) Pursuant to 605.02
te: If the date inserted in this blocument's effective date on the D			filing requirements, th	is date will not be listed
record specifies a delayed The 90th day after the rec	l effective date, bu ord is filed.	t not an effectiv	ve time, at 12:01	a.m. on the earlier
January 23	, 2023	·		