L23000372680

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50-10-12-12-21-21

COVER LETTER

TO: Registration Se Division of Cor		•	
MEDMER	GENCY LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MATTHEW VIET DUON	d.G	
		Name of Person	
	MEDMERGENCY LLC		
		Firm/Company	
	34157 SORREL MINH D	R	
		Address	
	WESLEY CHAPEL, FL 3	3543	
		City/State and Zip Code	
	MATTHEWDUONG@OU		: - C-7
		to be used for future annual report notification)	;
For further information c	oncerning this matter, please c	all:	<i>6</i> 3
MATTHEW VIET DUC	NG	678 7179427 at ()	*.3
Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassed	e
Tallahassee	FI 32314	2415 N. Monroe Street, S.	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000372680</u>	ompany were filed on 08/08/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)	
		-;
		. TT
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		• •
		. + FS,1
		···
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	* *1	eida
 -		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MEDMEDGENCYTEG

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>	<u>Name</u>	Address	Type of Action
MGR	MATTHEW VIET DUONG	34157 SORREL MINT DR. WESLEY CHAPEL F	L 3∃ ■Add
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			□Change
			□Add
			□Remove
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ctive date, if other than the defective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	hate of filing: the specific and cannot be prior to date of the circle of the capplicable state	(optional filling or more than 90 days after fill utory filling requirements, this days	il) ng.) Pursuant to 605.020 ite will not be listed :
ord specifies a delayed effective of filed.	date, but not an effective time, at 13	2:01 a.m. on the earlier of: (b)	The 90th day after th
	2023		
ed 15th NOVEMBER			