

M16000000001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

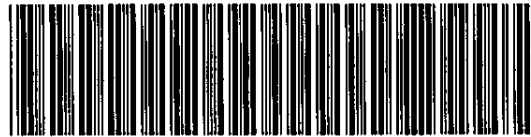
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 FEB 21 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2017

MICHAEL NGUYEN
41 PARK AVE #14H
NEW YORK, NY 10016

SUBJECT: MICHAEL NGUYEN MD PLLC, LLC
Ref. Number: M1600000001

RECEIVED
2017 FEB 21 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MICHAEL NGUYEN MD PLLC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 117A00000817

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Michael Nguyen MD PLLC, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

** This application is to serve two purposes:

1) To inform the state that the PLLC name changed from
"Michael Nguyen MD PLLC to
MNI Medical Services PLLC in the state of NYC

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2) To change the current foreign business entity in
Florida from "Michael Nguyen MD PLLC, LLC" to
"MNI Medical Services PLLC, LLC" so that it's consistent
with what has happened with New York changes

2. The Florida document number of this limited liability company is: M16000000001

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 12/31/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MNI Medical Services PLLC, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

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

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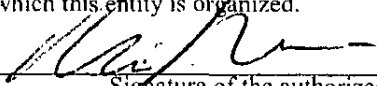
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Michael Nguyen

Typed or printed name of signee

Filing Fee: \$25.00

**State of New York
Department of State } ss:**

I hereby certify, that MICHAEL NGUYEN MD PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/13/2015, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of MICHAEL NGUYEN MD PLLC was filed on 02/17/2016.

Certificate of Change was filed on 02/26/2016.

A certificate changing name to MNI MEDICAL SERVICES, PLLC was filed on 12/28/2016.

I further certify, that no other documents have been filed by such Professional Service Limited Liability Company.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 01st day of February
two thousand and seventeen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State



201702020569 * HW

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA