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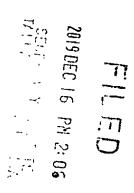
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Trusted Name of	Medry (CC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
5-te	Phen Wolfe Name of Person
The state of the s	Name of Person Pure Urx Firm/Company
1200 5	7. Reserve Company
Bore	
. E-mail addres	ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	
Stephen Wolfe	at (56/) 598 - 6039 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 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 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

Truste	Inedry LCC
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{9}{27/16}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	- Zill9
	2119 EEC T
b. It amending the registered agent and/or registere igent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
	= :1!
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 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 Type of Action Title Name MGR Bryan Plonsky 12005, Royers Cirley HAdd Bocc Refer Fe 33487 Remove _____ □Change Buce Ritery FC 3348 Thange _____ Remove _____ Change _____ □Remove _____ □Change Remove

☐ Change

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