

Division of Corporations

Florida Department of State  
 Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 APOGEE MEDICAL SUPPLIES USA LLC

Certificate of Status	0
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2019 SEP 11 11:55 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APOGEE MEDICAL SUPPLIES USA 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 Company were filed on 7/23/2019 and assigned Florida document number L19000188855

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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 ADDRESS)

301 SE 3RD STREET 33004, DANIA, FL Ap 503

Enter new mailing address, if applicable:

(Mailing address MAYBE A POST OFFICE BOX)

301 SE 3RD STREET 33004, DANIA, FL Ap 503

B. If amending the registered agent and/or registered office 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

[Handwritten signature]

2019 SEP 10 11 58 AM EST

If sending 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

Title	Name	Address	Type of Action
AMBR	Apogee Medical Supplies Ltd	8500 West Flagler St Suite B208 Miami, FL 33144	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Gustavo Oliveira Massagli	8500 West Flagler St Suite B208 Miami, FL 33144	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Gregory Oliveira Massagli	8500 West Flagler St Suite B208 Miami, FL 33144	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Huo Yao Tian-Aiisa	8500 West Flagler St Suite B208 Miami, FL 33144	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Qujing Sunny	8500 West Flagler St Suite B208 Miami, FL 33144	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Qujing Sunny	8500 West Flagler St Suite B208 Miami, FL 33144	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change

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