L22000013617

| (Re | questor's Name) | . |
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| - (Ad | dress) | |
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| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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LLC Amend

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TALLAHASSEE FLORE

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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

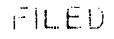
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | PIC | CK UP: | DANNY 10/21 | _ | |
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| XX | РНОТОСОРУ | | | | |
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| XX | FILING | LLCA | AMEND | | · · · · · · · · · · · · · · · · · · · |
| | MEDTHEOS, LLC CORPORATE NAME AND DOC | CUMENT #) | | <u></u> | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 OCT 21 AM 10: 49

MEDTHEOS, 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 Liabili | ity Company w | ere filed on $\frac{01/0}{}$ | 5/2022 | and assigned |
|--|---|-------------------------------------|---|--------------------------------------|
| Florida document number L22000013617 | · | | | |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | limited liabili | ty company her | ē: | |
| The new name must be distinguishable and contain the words | "Limited Liability | Company," the des | ignation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable | : : | | | |
| (Principal office address MUST BE A STREET AL | DDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u>0</u> | | | |
| | | | | |
| B. If amending the registered agent and/or regist | tered office ad | dress on our rec | ords, enter the nam | e of the new registered |
| agent and/or the new registered office address he | ere: | | or ast <u>once the han</u> | e or the new registered |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | | Enter Florid | a street address | · · |
| - | _ | | , Florida | _ |
| Name Descriptions of America Company of the Company | | City | | Zip Code |
| New Registered Agent's Signature, if changing Regist | | | | |
| I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan | nd complete pe ed agent as pro stered office ac | erformance of m ovided for in Ch | y duties, and I am f apter 605, F.S. Or, | amiliar with and if this document is |
| | | | | |

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 |
|--------------|-----------------|----------------------------|----------------|
| MGR | CRAVEN, DANIEL | 495 GRAND BLVD | □Add |
| | | MIRAMAR BEACH, FL 32550 | |
| | | | □Change |
| AMBR | DAVIDSON, KAREN | 1515 EAST HEWETT ROAD | ≣ Add |
| | | SANTA ROSA BEACH, FL 32459 | □Remove |
| | · | □Change | |
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| fecti | ve date, if other than the date of filing: (optional) |
| n effe ote: | ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| ecoro | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| is fil | |
| is fil | 10/21/2022 |
| is fil | /s/ Karen Davidson |
| is fil | |

Filing Fee: \$25.00