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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	MEDII	.EX LLC	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rogelio Dos Santos		
	,	Name of Person	
	Medilex LL.C		
		Firm/Company	
	8253 NW 56 STREET		
		Address	
	Doral, FL. 33166		
		City/State and Zip Code	
	Admin@medilexonline.con E-mail address: (to be used for future annual report not 	dication)
For further information c	oncerning this matter, please c		
	,	305	
Rogelio Dos Santos		471.7010 at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDILEX, LLC		
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were fil	ed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
		<u>.</u>
Enter new mailing address, if applicable:		= 12
Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the	name of the new registe
gent and/or the new registered orner address nere.		-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
Cirv	•	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

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	Veronica Alvarez	8253 NW 56 STREET MIAMI, FL 33166	■ Add
			□ Remove
			Change
			□Change
			2921 GAdd
			□ Remove
			E DAdd
			□Remove
			Change
			□Add
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	May 26 2021		
ctive date, if other than the date of fi effective date is listed, the date must be specific	ling:	(opti	onal) Siling V Pursuant to 605 0
effective date is listed, the date must be specific eff the date inserted in this block does n	and the contract of the contra	g or more man 90 days and y filing requirements, thi	s date will not be listed
ament's effective date on the Department	of State's records.		
cord specifies a delayed effective date, but	not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after
filed.			
May 26	2021		
ed	_,		
	12 ~		
	X / X 14		

Filing Fee: \$25.00