

4/6/20 Apr.

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L06000030910  
Division of Corporations No. 0001 P. 1

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GRAY ROBINSON, P.A.  
Account Number : 075154001651  
Phone : (321)727-8100  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LOGGERHEAD MEDICAL, LLC

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3 MASON

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Loggerhead Medical, 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 03/24/2006 and assigned Florida document number LD0600030910

This amendment is submitted to amend the following:

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

Strong Medical Consultants, LLC

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 office address, if applicable:

4663 North US Highway 1

(Principal office address MUST BE A STREET ADDRESS)

Melbourne, FL 32935

Enter new mailing address, if applicable:

4663 North US Highway 1

(Mailing address MAY BE A POST OFFICE BOX)

Melbourne, FL 32935

**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:

4663 North US Highway 1

Enter Florida street address

Melbourne

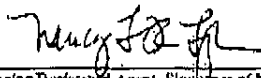
Florida 32935

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 603, 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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