L07000107443

# Florida Department of State
Division of Corporations
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## MYMED, LLC

| | |
|---|---|
| Certificate of Status | 0 |
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T. CLINE
DEC 18 2018
EXAMINER

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# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

MYMED, 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 OCTOBER 23, 2007 and assigned Florida document number L07000107443.

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)***

2750 SW 145 AVENUE
SUITE 310
MIRAMAR, FLORIDA 33027

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

2750 SW 145 AVENUE
SUITE 310
MIRAMAR, FLORIDA 33027

**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: PADIAL & COMPANY PA

New Registered Office Address: 999 PONCE DE ELON BLVD SUITE 705
*Enter Florida street address*

CORAL GABLES, Florida 33134
*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.*

Padial

If Changing Registered Agent, Signature of New Registered Agent

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**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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | LUIS DERLON | 3016 NW 82 AVENUE | ☐ Add |
| | | MIAMI, FLORIDA 33122 | ☒ Remove |
| | | | ☐ Change |
| MGR | MARIO LABELLA | 2750 SW 145 AVENUE | ☒ Add |
| | | SUITE 310 | ☐ Remove |
| | | MIRAMAR, FLORIDA 33027 | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
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| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 17, 2018

Signature of a member or authorized representative of a member

LUIS DERLON

Typed or printed name of signer



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