

DEC/18/2018/MON 11:37 AM  
12/17/2018

FAX No  
Division of Corporations

P. 001/004

# LO7 000 107443

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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Page Count	04
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T. CLINE  
DEC 18 2018

EXAMINER

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
CORAL GABLES, Florida 33134

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.

Handwritten signature: Radial

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>
MGR	LUIS DERLON	3016 NW 82 AVENUE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIO LABELLA	2750 SW 145 AVENUE	<input checked="" type="checkbox"/> Add
		SUTTE 310	<input type="checkbox"/> Remove
		MIRAMAR, FLORIDA 33027	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information, with a stamp on the right side.

STATE OF FLORIDA  
DEPARTMENT OF STATE

2018 DEC 17 AM 9:38

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K. 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 of a limited liability partnership or a member

LUIS DERLON

Typed or printed name of signer