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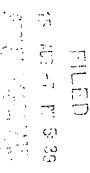
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S. YOUNG

| , Y | • ' | COVER LETTER | • | |
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| TO: Registration Se Division of Cor | | | . | |
| SUBJECT: | Yokum Radi Name of Lir | nited Libbility Company | | |
| The enclosed Articles of A | Amendment and fee(s) are sul | bmitted for filing. | | |
| Please return all correspon | ndence concerning this matter | r to the following: | | |
| | | ichael Yokun Name of Person | ·] | |
| | | Firm/Company | | · · · · · · · · · · · · · · · · · · · |
| | 4622 | W. Woodmere Address | Rel | 語る西 |
| | Tam | M. Woodmere Address Pa, FL 33. City/State and Zip Code OKUM @ 9M (to be used for future annual colors to be used for future annual co | 609 | はる三百万円 |
| | E-mail address. | OKUM @ 9M (to be used for future annual colors no | ail. com | 34 8 |
| For further information co | oncerning this matter, please of | call: | | |
| Kelley | yokum Franciscon | at (<u>813</u>) <u>336</u> Area Code Dayti | 5-7958 me Telephone Number | |
| Enclosed is a check for th | e following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & | □ \$55.00 Filing Fee & | \$60.00 Filing 1 | Fee, |

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YOKUM Radiole (Name of the Limited Liability Company as it now (A Florida Limited Liability Con | appear) on our records,) |
|--|---|
| The Articles of Organization for this Limited Liability Company were filed Florida document number 41100014533.6 | , |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability comp | any here: |
| Yokum medicine, LLC | |
| The new name must be distinguishable and contain the words "Limited Lability Company | |
| Enter new principal offices address, if applicable: | 77. 闭 |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | 10000000000000000000000000000000000000 |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | - <u>- 7,0 - 68</u> |
| <u></u> | |
| B. If amending the registered agent and/or registered office address here: | ess on our records, <u>enter the name of the ne</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | nter Florida street address |
| | , Florida |
| City | Zin 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> | <u>Address</u> | Type of Action |
|--------------|---|--|----------------|
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| fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or moote: If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records. | g requirements, this date will not be list | |
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Filing Fee: \$25.00