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| (R | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Divi | ision of Cor | porations | | |
|---|-----------------|--|---|---|
| SUBJECT: | WORLD M | IEDICAL CARE LLC | | |
| aoisia. | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | l Articles of . | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Holger O Camacho | | |
| | | | Name of Person | |
| | | World Medical Care LLC | | |
| Firm/Company | | | | |
| 1380 NE Miami Gardens Dr Suite 210 | | | | |
| | | | Address | |
| | | North Miami Beach, FL 33 | 3179 | |
| City/State and Zip Code | | | | |
| | | hc@worldmedicalcare.com | | |
| | | E-mail address: (t | to be used for future annual report notifi- | cation) |
| For further in | iformation co | oncerning this matter, please ca | ill: | |
| Holger O Ca | ımacho | | 305 692-9009 Ext | 218 |
| Name of Person Area Code Daytime Telephone Numb | | Telephone Number | | |
| | | | | |
| Enclosed is a | check for th | e following amount: | | |
| □ \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | ■ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Taillahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 36(4) Necurive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD MEDICAL CARE 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 01/11/2012 and assigned Florida document number L12000004860 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 "LLC." Enter new principal offices address, if applicable: 窗 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

. Florida

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 |
|--------------|-------------------|---------------------------------------|----------------|
| MGR | Holger O. Camacho | 1380 NE Miami Gardens Dr. #210 | = Add |
| | | Pecyner Teresa | |
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| Effective date, if fan effective date is Note: If the date i document's effecti | listed, the date must nserted in this blo | be specific and cack does not me | annot be prior to et the applicable | date of filing or me e statutory filing | ore than 90 days af | ctional) der filing.) Pursuant t his date will not be | o 605.0207 e listed as |
| e record speci The 90th day | fies a delayed after the reco | effective da ord is filed. | te, but not a | an effective t | ime, at 12:01 | a.m. on the e | arlier of |
| Dated 07 | 106/20 | <u> 31c</u> | | | | | |
| | | | NA AVE | 2 | ~ | | |
| | | signature of a me | ember or authoriz | ed representative | of a member [| ······ | _ |

Page 3 of 3

Filing Fee: \$25.00