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(Re	equestor's Name)	-
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration Se Division of Cor				
CHD IEC	United Med	dical Ventures LLC			٠
SUBJEC	I;	Name of Lim	ited Liability Company		
The enclose	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	um all correspo	endence concerning this matter	to the following:		
		Marc Adam			
			Name of Person		
		United Medical Ventures l	LLC		
			Firm/Company		
		404 E. Oakland Park Blvd			· .
			Address		
		Ft. Lauderdale, Fl 33334			
		-	City/State and Zip Code		r
		madam@mascmedical.com			••
		E-mail address: (to be used for future annual r	eport notification)	
For furthe	r information c	oncerning this matter, please c	all:		
Marc Ada	ım			11538	
	Name o	f Person	Area Code	Daytime Teleph	one Number
Enclosed i	is a check for th	ne following amount:			
		□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Aailing Addres		Street Ad		
	Registration S		_	tion Section	ons
	Division of C	•		n of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears on our records. ted Liability Company)	
any were filed on 03/02/2012	and assigned
iability company here:	
iability Company," the designation "LLC"	or the abbreviation "L.L.C."
	-23
	022
	~~~~
ce address on our records, <u>enter t</u>	he name of the new registered
Enter Florida street address	
CIA.	rida
City	Zip Code
	iability company here: iability Company," the designation "LLC"  ce address on our records, enter t

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>	Name	Address	Type of Action
MGR	FLORES, BRIGETTE		🗆 Add
		309 NE 16TH STREET C8 FORT LAUDERDALE,	FI \exists Remove
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n effective date is listed, the ote: If the date inserted in cument's effective date o	date must be specific this block does t	and cannot be prior not meet the applic	able statutory filir	nore than 90 days after og requirements, this	filing.) Pursuan date will not	t to 605.020 be listed a
ecord specifies a delayed is filed.	effective date, but	not an effective t	ime, at 12:01 a.m.	on the earlier of: (b)	) The 90th d	ay after the
Dec. 6		2022	·			
ted						
ted	_	Marc Ada	m	of a member		

Filing Fee: \$25.00