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RECREASE OF STANKALLARIASSEE, FLORIDA

COVER LETTER

TO: Registration Sect Division of Corpo				•
SUBJECT:	MED	4 U	LLC	
	Name of Limite	ed Liability Com	pany	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	THOMAS	, W.	TRASIC	A
			L LC	
	PORT	URAL City/State and Z	ICE FC.	<u>w</u> Lw. : 32127
	MED 4	be used for future	ip Code ATT, NE e annual report notification	on)
For further information con	ncerning this matter, please ca	ıll:		
THOM ASW.	TRASICA Person	at (86)	0) 9821 Area Code & Daytime Te	7 4 9 lephone Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Fili Certified (additiona		☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The principal office address, if applicable:	MED4U (- し こ				
nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Ite new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." Inter new principal offices address, if applicable: Inter new mailing address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now at ted Liability Compa	opears on our l	records.)		
If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	The Articles of Organization for this Limited Liability Comp Florida document number <u>L1Z0001436</u> 9	pany were filed on	NOV.	14 20	DIZ and ass	signed
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New Registered Office Address:				2 5		
New Registered Office Address:			on our reco	rds, <u>enter th</u>	ie name (of the new
	Name of New Registered Agent:					
Liner I for tad Street addition	New Registered Office Address:		Enter Florid	la street addr	PSS	
		Lines 1 tortua street addites				
, Florida		City		Florida	Zin Cod	

New Registered Agent's Signature, if changing Registered Agent:

4...

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	THOMASW.TRASICA	5970 BROKEW BE	W Add
		PORT ORANGE F	
		32127	
			Add
			Remove
			Kelilove
			Add
			Remove
			Add
			Remove
			Add
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D. 1	lf ame	nding a	ny other	r information, enter c	hange(s) here:	(Attach additional s	heets, if necessary.)
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Date	- ed	1)	14/				
				Signature of a me	000 Eq	ed representative of a	member
			(DANIELLE	G A (cex	

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