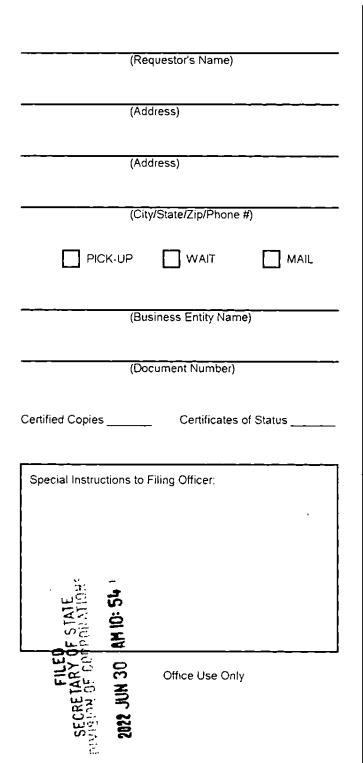
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## CORPORATE

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236 East 6th Avenue. Tallahassee, Florida 32303

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	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	LLC	AMEND
_	GVRMS, LLC		
	(CORPORATE NAME AND DOCU	MENT #)	
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PECIAL		vicint #)	

#### **COVER LETTER**

	istration S ision of Co	ection rporations			
SUBJECT:	GVRMS,				
oobone r.			mited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are su	bmitted for filing.		
		ondence concerning this matte			
		Jeffrey R. Hudson, Esq.			
			Name of Person		
		Estate Planning and Lega-	cy Law Center, PLC		
			Firm/Company		
		711 Ballard Street			
			Address	<del></del>	
		Altamonte Springs, Florid	a 32701		
			City/State and Zip Code		<del></del>
		jhudson@eplle-ple.com			
Kan Gurthar in	C		(to be used for future annual.	report notification	
		oncerning this matter, please of	all:		
Jeffrey R. Hu	dson, Esq.		407 647	7-7526	
	Name o	f Person	Area Code	Daytime Teleph	ione Number
Enclosed is a	check for th	ne following amount:			
■ \$25,00 Fi	ling Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addres		<u>Street Ad</u>		
Registration Section Division of Corporations				tion Section	
	Box 632			of Corporation tre of Tallaha	
Talla	ahassee, F	FL 32314		Monroe Stree	

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GVRMS, LLC		
( <u>Name of the Limited Liability</u> (A Florida I	y Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co Florida document number L13000125071	ompany were filed on Sep	ember 4, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our rec	ords, enter the name of the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Floride	street address
		, Florida
	City	Zip 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
MGR	Vasundhara Iyengar, MD	9162 Great Heron Circle, Orlando, FL 32836	<b>=</b> Add
			□Remove
			□ Change
			□Add
			□Remove
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amending any other info			e: (Auach aa	attonal sheets,	if necessary.	<i>)</i>
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ective date, if other than neffective date is listed, the date te: If the date inserted in thi nument's effective date on th	s prock does not r	meet the applica	able statutory ti	r more than 90 day ling requiremen	(optional) ys after filing.) P its, this date w	ursuant to 605.0207 Ill not be listed as
cord specifies a delayed effe s filed.	tive date, but not	t an effective ti	me, at 12:01 a.r	n. on the earlier	of: (b) The S	00th day after the
ed June 29	<del></del>	, 2022	<u> </u>			
-10	Languagh					
	AAA IAA /					
	Signature of a r	member or autho	rized representati	ve of a member	<del></del>	

Filing Fee: \$25.00