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(Document Number)			
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COVER LETTER

ΓO: Registration Se Division of Cor					
	MEDICAL SOLUTIONS LLC				
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	MARIA C SOUSA				
		Name of Person			
	SOUSA & ASSOCIATES	INC			
		Firm/Company			
	7345 W SAND LAKE RD.	STE 304			
	·	Address	· · ·		
	ORLANDO, FL 32819	_			
	City/State and Zip Code				
	CAROL@SOUSANASSOC	CIATES.COM to be used for future annual report notific			
			ration)		
For further information c	oncerning this matter, please ca	all:			
MARIA C SOUSA		407 800-7028			
Name o	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

DUNNIA MEDICAL SOLUTIONS LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Plorida document number L14000006610	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u> t	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	28. 25
B. If amending the registered agent and/or registered office	ice address on our records, enter the flame of the
registered agent and/or the new registered office address here:	A II
	000 T. C.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street add re ss
-	, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager : AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DUNNIA ASSESSORIA EMPRESARIAL,	SHIS QI 3 - BLOCO H	Add
	LTDA -ME	EDIFICIO RIO DOCE 102	■ Remove
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Effect	ive date, if other than the date of filing:	7	Ţ.	
Note:	ive date, if other than the date of filing:	ursuant to	605.020	7
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	n the ea	arlier o	f:
Dated	AUGUST 8TH , 2017			
			_	
	Signature of a member or authorized representative of a member		-	

Page 3 of 3

Filing Fee: \$25.00