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(Paguastada Nama)					
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(
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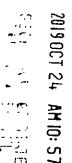


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COVER LETTER

TO:	Registration Se Division of Cor		٠ - س				
	CDI MED I		,,,	-			
SUBJECT: Name of Limited Liability Company							
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		PEDRO TINOCO					
		EAGLE CORPORATE SE	Name of Person ERVICES				
		444 BRICKELL AVE. STI	Firm/Company EP-41				
		MIAMI FL 33131	Address				
		CORPORATE@EAGLEIN	City/State and Zip Code CORP.COM				
		E-mail address: (to be used for future annual report notif	ication)			
For fu	rther information c	oncerning this matter, please ca	all:				
PEDE	RO TINOCO		305 4230960 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	ne following amount:					
■ \$2	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:

·TO:

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

TO ARTICLES OF ORGANIZATION OF

CDI MED, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.14000032458}{1.14000032458}$	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2801 NW 74th Ave Miami, FL 33122	2019
Principal office address MUST BE A STREET ADDRESS)		T 8 1
		<u> </u>
Enter new mailing address, if applicable:	2801 NW 74th Ave Miami, FL 33122	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> <u></u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code

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

or removed from our records:

.MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Perez A, Andres E	Address 2801 NW 74th Ave	Type of Action
MGR	refez A, Affules E	Miami, FL 33122 US	Add
			Remove
			Change
MGR	Perez Sucre, Carlos A	2801 NW 74th Ave Miami, FL 33122 US	Add
			Remove
			■ Change
MGR	Villegas, Martin E	2801 NW 74th Ave Miami, FL 33122 US	Add
			□ Remove
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Effective date, if other ti (If an effective date is listed, the Note: If the date inserted it	n this block does not m	eet the applicable	statutory filing requ	irements, this date wi	Il not be listed as th
document's effective date	on the Department of St	ate's records.	, , ,	·	
	ا نے مصا			-1.13.01	. Abion of.
the record specifies a d	lelayed effective di	ate, but not ar	errective time,	at 12:01 a.m. or	the earlier of:
) The 90th day after t	ne record is illed.				
October 15		2019			
Dated /// /	$\sim 10^{1}$.	2019			
////					
	(Allow)				
<u> </u>	Signature of a m	nember of authorize	representative of a m	ember	
	1//// 7/				
MARTIN VILL	.edas *				
		Typed or printed na	me of signes		

Page 3 of 3

Filing Fee: \$25.00