## L14 000071450

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2024 FEB 15 MM 9: 28
SECRETARY OF STATE
TALL AND SECRETARY

51 3/16/21

Division of	f Corporations		
SHRIPOT-	Leading Me	diral LLC	
	Name of Lin	nited Liability Company	2021 FEB 15 AM 9: 28
			SECRETARY OF STATE TALLAHASSES, FL
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	TALLAMASSEE, FL
Please return all cor	respondence concerning this matter	to the following:	
	Burr	Name of Person	
		Name of Person	·····
	Shan	e Industries	LC
	420	East 61 Str	eet, IDE
	New	City/State and Zip Code	067
	E-mail address:	City/State and Zip Code  Vane Daol. (Two  (to be used for future annual report notif)	ication)
For further information	tion concerning this matter, please o	call:	
Barr	Shane	at ( <u>646</u> ) <u>Z 96</u> Area Code Daytime	- 3835
N	arne of Person	Area Code Daytime	: Telephone Number
Enclosed is a check	for the following amount:		
区\$25.00 Filing F	ee S30.00 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)
<u>Mailing A</u> Registrat	ddress: ion Section	Street Address: Registration Sec	ction
Division	of Corporations	Division of Corp	porations
P.O. Box	: 6327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## TO ARTICLES OF ORGANIZATION OF

FILED

•	I (' )	a mark there begin
	Medical LLC	2021 FEB 15 AM 9: 28
(Name of the Limited)	Liability Company as it now appears on our re Florida Limited Liability Company)	(COLUMN)
The Articles of Organization for this Limited Liabi	lity Company were filed on	SECRETARY OF STATE
Florida document number <u>L140000</u> 71	450	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th		
Shane Indies	strics LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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.

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
•			
			□Remove
			□ Change
			□ Add
		□ Rетюче	
			□Change
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			□ Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	te, if other than the date of filing:  (optional)  late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
record speci d is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Danie Chine
_	Signature of a member or authorized representative of a member
	Barri Shane Typed or printed name of signee