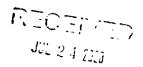
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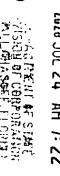


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## **COVER LETTER**

TO:

	egistration Sedivision of Corp				
CUD IECT		CAL HOLDING COMPANY I	LLC		
SUBJECT	·	Name of Limi	ted Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please retu	ım all correspo	ndence concerning this matter	to the following:		
		TONY ONORIODE			
			Name of Person		
			Firm/Company		
		11325 LAKE UNDERHILL ROAD, STE 103			
			Address		
		ORLANDO, FL 32825			
		City/State and Zip Code			
		RENU@yASHCON.COM			
			to be used for future annual report not	ification)	
For further	r information c	oncerning this matter, please ca	alf:		
RENU VARDHAN		407 636-3555 at ( )			
	Name o	f Person		ne Telephone Number	
Enclosed i	is a check for th	ne following amount:			
<b>■</b> \$25.0	0 Filing Fec	☐ \$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)	
	lailing Addres		Street Address:		
	Registration ! Division of C		Registration Se Division of Co		
	P.O. Box 632	-	The Centre of	-	
	Fallahassee			ne Street Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### LCI MEDICAL HOLDING COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on 05/02/2014	Egand as Rened	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited !	liability company here:		
LCI HOLDING COMPANY LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 638 winderemore	FL 34786	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	the name of the new registered	
Name of New Registered Agent:	<del>.</del>		
New Registered Office Address:			
	Enter Florida street address		
	Flo	orida	
	Ciņ·	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 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>	Address	Type of Action
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			□Remove
			□Change
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			□Remove
		<del></del>	□Change
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an effective date is listed, the date musiote: If the date inserted in this bl					
ocument's effective date on the D	epartment of State's re	cords.			
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	5455				
JULY 21 Dated	. 2020				
JULY 21 Dated	. 2020				
Dated	Signature of a member of	ton O	-		