(Re	equestor's Name)
. (Ad	dress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
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T. BROWN

COVER LETTER

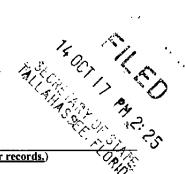
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TO: Registration Sec Dixision of Corp			•
_{subject:} MedF	i Solutions, Ll	LC	
	Name of Lim	ited Liability Company	
	<u>.</u> .		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	•
Please return all correspon	dence concerning this matter	to the following:	
,	Perry Scott		
		Name of Person	
		Firm/Company	
	9471 W. Mc	Nab Road	
		Address	
•	Tamarac, Fl	_ 33321	
		City/State and Zip Code	
	ps1098765@gma		
	·	to be used for future annual report no	otification)
For further information co	ncerning this matter, please ca	all:	
Perry Scott		_{at} 305, 793-	1655
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	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



MedFi Solutions, 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 Company	were filed on 6/2/14 ar	nd assigned
Florida document number L14000087994		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	9471 W. McNab Road	
(Principal office address MUST BE A STREET ADDRESS)	Tamarac, FL 33321	
Enter new mailing address, if applicable:	9471 W. McNab Road	
(Mailing address MAY BE A POST OFFICE BOX)	Tamarac, FL 33321	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	-	ame of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	<u> </u>
New Registered Agent's Signature if changing Degistered Agents	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Perry Scott	9471 W. McNab Road	= Add
		Tamarac, FL 33321	□ Remove
MGR	Paul Mills	16825 Isle of Palms Dr. #B	Add
		Delray Beach, FL 33484	■ Remove
			□ Add
			_□ Remove
			
			□ Add
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Page 3 of 3

Filing Fee: \$25.00