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(Ad	dress)	
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T. BROWN

COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	EYJT Me	dical, LLC, a Florida lir	mited liability company	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspon	dence concerning this matter	to the following:	
		Philip Youtie		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		EYJT Medical, LLC,	a Florida limited liability	company
			Firm/Company	
		19946 N.E. 36th Pla	ce	
			Address	
		Aventura, Florida 33	3180	
			City/State and Zip Code	
		philipyoutie@gmail.c		
			to be used for future annual report no	otification)
For further	information co	ncerning this matter, please ca	all:	
Terri G.	Sonn		305 466-949	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for the	e 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

15 MAR O PAIR 20

EYJT MEDICAL 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 December 2, 2014	and assigned
Florida document number L14000184421		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
SNAFU, LLC		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "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)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
•	, 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 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:

<u>tle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
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			□ Remove
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e effective date must be specific, c	the date of filing: (optional cannot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State)
ne effective date must be specific, content that the date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ffective date, if other than the effective date must be specific, che date this document is filed by the dated 3/6/15	cannot be prior to date of receipt or filed date and cannot be more than 90 days after

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Filing Fee: \$25.00