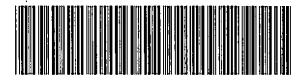
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PICK-UP WAIT MA	iL
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COVER LETTER

CIID IF CYF.	OMNIUS HEALTHCARE INV VEH XXI-LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	NIRAJ PATEL	
	Name of Person OMNIUS HEALTHCARE INV VEH XXI I	16
	Firm/Company 7411 International Drive	
	Address	
	ORLANDO FL 32819	
	City/State and Zip Code niraj.universal@gmail.com	
	E-mail address: (to be used for future annual report no	tification)
For further informa	tion concerning this matter, please call:	
NIRAJ PATEL	407 467-4542 467-4542	
N	Jame of Person Area Code Daytii	ne Telephone Number
Enclosed is a check	c for the following amount:	
■ \$25.00 Filing F	Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMNII	JS HEALTHCARE	E INV VEH XXI-LI	LC .	
(Name of the Limi	ted Liability Compai (A Florida Limited I.	ny as it now appears (Jability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on	09/23/2015	and assigned
Florida document number L15000161731	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liabi	ility company her	<u>e</u> :	
PANAMA (CITY BEACH ONE	ELLC		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the des	ignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	6903 Congress Str	reet	
(Principal office address MUST BE A STREE	ET ADDRESS)	New Port Richey	FL 34653	<u> </u>
				第五
Enter new mailing address, if applicable:		6903 Congress St	reet	Ze LE
(Mailing address MAY BE A POST OFFICE BOX)		New Port Richey	FL 34653	TO E
				9, 3
B. If amending the registered agent and registered agent and/or the new registered of	•		our records, <u>e</u>	enter the name of the
Name of New Registered Agent:		VIJAY PA	TEL	
New Registered Office Address:	6903 Congress	Street		
		Enter Florid	la street address	
	New Port Riche	ey	, Floric	da <u>34653</u>
		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 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>	<u>Address</u>	Type of Action
MGR	DIPAK C PATEL	711 West Beach Drive	_
		Panana City FL 32401	
		r anana City 117 32401	= Remove
			Change
MGR	JITENDRA H PATEL	7411 International Drive	ш ми
		Orlando FL 32819	Add
			Remove
		1926 N. J	Change
MGR	NIRAJ V PATEL	1826 Blackwater Court	_□ Add
<u> </u>		Winter Garden FL 34787	
			■ Remove
			D.Cl
	VIJAY PATEL	6903 Congress Street	Change
MGR			B Add
		New Port Richey FL 34653	
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Filing Fee: \$25.00