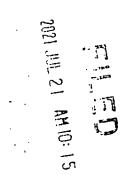
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Med Assure LLC				
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				Art of Inc. File
				LTD Partnership File
			ļ ——	Foreign Corp. File
				L.C. File
				Fictitious Name File
			<u> </u>	Trade/Service Mark
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				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
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				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
•				Vehicle Search
				Driving Record
Requested by:			<u> </u>	UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
THEFT				UCC 11 Retrieval
Walk-In Thom sevel GA	Will Pick Up			Courier



July 19, 2021

CAPITAL CONNECTIONS, INC.

SUBJECT: MED ASSURE LLC Ref. Number: L16000139847

We have received your document for MED ASSURE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00016555

Irene Albritton Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Registration Se Division of Cor					
cupico	Med Assure	: LLC				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Willex Saintvil				
			Name of Person			
		Med Assure LLC				
			Firm/Company			
		801 NE 167th St Suite 307	7			
			Address			
		North Miami Beach, FL 3.	3162			
			City/State and Zip Co	de	 	
		tiwill87@yahoo.com	18.6			
For furthe	er information c	n-mail address: (oncerning this matter, please c	to be used for future annuall:	uai report nouncation	,	
Willex S	aintvil		305 at ()	890-7886		
	Name o	f Person	Area Code	Daytime Telep	hone Number	
Enclosed	is a check for th	ne following amount:				
₩\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S			Address: stration Section		
	Division of C	orporations	Divis	Division of Corporations		
	P.O. Box 632 Tallahassee, I			Centre of Tallaha N. Monroe Stre		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Med Assure 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 7/26/2016 and assigned Florida document number <u>L1600</u>0139847 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviations "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Willex Saintvil Name of New Registered Agent: 801 NE 167th St Suite 307 New Registered Office Address: Enter Florida street address North Miami Beach

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>	Address	Type of Action
MGR	Willex Saintvil	801 NE 167th St Suite 307	
		North Miami Beach 33162	
			□Change
MGR	Kenneth Dor	801 NE 167th St Suite 307	□Add
		North Miami Beach 33162	≣Remove
			□Change
			□Add
			□Remove
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