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Med Assure LLC			
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		- ·	Art of Inc. File
		1	LTD Partnership File
		1	Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
		;	Merger File
			Art, of Amend, File
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			Annual Report / Reinstatement
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COVER LETTER

TO: Registration S Division of Co			
Med Assu			
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Willex Saintvil		
		Name of Person	
	Med Assure LLC		
		Firm/Company	
	801 NE 167th St Suite 303	7	
		Address	
	North Miami Beach, FL 3	3162	
		City/State and Zip Code	
	tiwill87@yahoo.com		
		to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Willex Saintvil		305 890-7866	
Name	of Person	at () Area Code Daytin	ne 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 Addre Registration		Street Address: Registration So	ection
	Corporations	Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Med Assure LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 7/26/2016	and assigned
lorida document number L16000139847		_
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicable:		g. >
Principal office address MUST BE A STREET ADDRESS)		元日 20
-		
		三岁 二 5年
nter new mailing address, if applicable:		SSC ≥ 77
Mailing address MAY BE A POST OFFICE BOX)		7 0 C
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If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ume of the new regist
Name of New Registered Agent:	<u> </u>	
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 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	Dork Holdings LLC	801 NE 167th St	□Add
		North Miami Beach, FL	■Remove
		33162	□ Change
			□Remove
			Change
			Add
			Remove
	-		Change Co
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
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ective date, if other than the date of filing:	or to date of tiling or mo	(optional) ore than 90 days after filing.)	Pursuant to 605.0
te: If the date inserted in this block does not meet the appleument's effective date on the Department of State's record		requirements, this date v	vill not be liste
record specifies a delayed effective date, but r The 90th day after the record is filed.	ot an effective ti	me, at 12:01 a.m. o	n the earlie
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August 8 2021			
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