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DEPARIMENT OF "

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 5/6	UER STA	R MED (3 LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	· .
Please return all correspo	ondence concerning this matter	to the following:	
·	JOHN:	ROBERT Name of Person	E. 266
	3715	Firm/Company Address	> 14 CR
	13/13/	City/State and Zip Code	F2. 32309
	E-mail address: (1	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	·	
Mame o	T L, N =	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Society and assigned Florida document number Society and assigned Florida document

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

MGR = Manager AMBR = Authorized Member Type of Action **Title** Name | Address ☐ Change ☐ Change □ Add ☐ Remove _□ Change _□ Add □ Remove _□ Change □ Add _□ Remove □ Change _□ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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ctiv	e date, if oth	er than the d	late of filing: _ be specific and can	not be prior to de	te of filing or n	ore than Q0 de	(optional)		
e: If	f the date inser	rted in this blo	ck does not meet partment of State	the applicable	statutory filir	ig requiremen	nts, this date v	vill not be	e listed as
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ed _₄	10/		Signature of a men		1		Ρ.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00