Division of Corporations

P.001/004

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Florida Department of State

Division of Corporations Electronic Filing Cover, Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845) 425-0077 Fax Number : (845) 318-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emmil Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MEDRITE 41 LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MEDRITE 41 LLC | | |
|---|---|----------------------------|
| (Name of the Limited Lia (A Flo | bility Company as it now appears on our records rida Limited Liability Company) | Ŋ |
| The Articles of Organization for this Limited Liability | y Company were filed in 03/13/2017 | and assigned |
| This amendment is submitted to amend the following | ; | |
| A. If amending name, enter the new name of the | limited liability company here: | 18 |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designation "LLC" | or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | | or the aboveviation 12 2 7 |
| (Principal office address MUST BE A STREET AL | DDRESS) | <u> </u> |
| | | 8. 00 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office and agent and/or the new registered office and agent. Name of New Registered Agent: New Registered Office Address: | egistered office address on our records address here: Enter Florido street address | |
| | . Flo | orida |
| | 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

| Title | Name | Address | Type of Action |
|-------|--------------------|--------------------|----------------|
| AMBR | Abraham Bistritzky | 1378 Carroll St. | |
| | | Brooklyn, NY 11213 | [] Remove |
| | | | Change |
| AMBR | Samuel Fisch | 12 Joan Lane | Add |
| | | Monsey, NY 10952 | D Remove |
| | | | Change |
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| ffective date, if other than the an effective date is listed, the date must late: If the date inserted in this blocument's effective date on the D | ock does not meet the applicant | date of filin; or more than 90 of le statutory filing requirement | (optional) days after filing.) Pursuant to 605. onts, this date will not be liste |
| e record specifies a delayed The 90th day after the rec | i effective date, but not a ord is filed. | an effective time, at 1 | .2:01 a.m. on the earlie |
| January 5th | 2018 | <u>-</u> | |
| | gyrotor | | |
| | Signature of a member or authorit | zed representative of a member | л |
| | | | |

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