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COVER LETTER

SUBJECT:	RED PEPPE Name of Line	FR MEDICAL, LL ited Liability Company	<u> </u>
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
Division of Corporations OFD Property ALTACON 117			
	RED PEPPER MEDICAL, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: EVA DVDEK		
		RED PEPPER MEDIC Firm/Company	CAL LLC
		9935 Palemino Address	DR.
Division of Consults of Consults SUBJECT: The enclosed Articles of Please return all correspondence of the Please return all	<i>L</i>	a Ke WORTH FL 3 City/State and Zip Code	33467
	EV A	A CO SKY HEALTH C to be used for future annual report noti	ENTER. COM
For further information	concerning this matter, please ca	all:	
E V A Name	DUDEK of Person	at (<u>561</u>) <u>370 —</u> Area Code Daytim	3867 e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

RED	PEPPER ME	DICAL LLC
(<u>Name of the Limited Liabi</u> (A Florid	ity Company as it now appears on a la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 4-	/0 - /7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin AURORA The new name must be distinguishable and contain the words "Lin		LLC
The new name must be distinguishable and contain the words "Li		
Enter new principal offices address, if applicable:	50	EAST RD APT 9F
(Principal office address MUST BE A STREET ADD	ress) DELF	EAST RD APT 9F PAY BEACH, F1 33483
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		OF ASSESSED TO
B. If amending the registered agent and/or regi		records, enter the name of the new
N	'A	A TO
Name of New Registered Agent:		TO TO
New Registered Office Address:		7.
New Registered Office Address.	Enter Florida st	reet 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 = M $AMBR = A$	anager uthorized Member		
Title pilix	<u>Name</u>	Address	Type of Action
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	August 15. 2017. Eva Dudet
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00