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COVER LETTER

TO;	Registration S Division of Co	Section proprations		
CHRIE	KYRILL(OS SABER MEDICAL ACAE	PEMY LLC	
SUBJEC	٠ι;	Name of Li	mited Liability Company	
		•	•	
The encl	osed Articles o	f Amendment and fee(s) are su	bmitted for filing.	**
Please re	turn all corresp	ondence concerning this matte	r to the following:	
		Kyrillos Younan		2019 HET 2019 HET 3
		KYRILLOS SABER ME	Name of Person DICAL ACADEMY LLC	To 15
			Firm/Company	
			Address	
		kyrillossaber1989@gmail.		
For furthe	r information c	E-mail address: oncerning this matter, please o	to be used for future annual report notific	ation)
Kyrillos 3		onesting mis mater, prease (727 657 2597	
	Name o	f Person	at ()	elephone Number
Enclosed i	is a check for th	ne following amount:		
S25.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Clentificate of Status & Certified Copy (1dditional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

TO ARTICLES OF ORGANIZATION OF

KYRILLOS SABER MEDICAL AC	CADEMY LLC		
(Name of the Limite	d Liability Comp	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited List Florida document number			and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liai	pility company here:	
Queen of Egypt Medical Academy LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designation "L ,C" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	3905 TAMP A RD #2355	
(Principal office address MUST BE A STREET	ADDRESS)	OLDSMAR, FL 34677	
			2 1
Enter new mailing address, if applicable:		P.O Box 2355	>
(Mailing address MAY BE A POST OFFICE B	OX)	oldsmar fl 34677	. ා
B. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered agent.	г registered o	ffice address on our records, en	ter the name of the nove
registered agent and/or the new registered offi	ce address her	<u>e</u> :	the traine of the new
Name of New Registered Agent:	No change		
New Registered Office Address:			
		Enter Florida street addr.:ss	
		, Florida	
New Registered Agent's Signature, if changing Re-	-:	City	Zıp Code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the ch	ana complete cred agent as p Ristered office	performance of my duties, and I a provided for in Chapter 605, E.S.	m familiar with and
	If Chan	ging Registered Agent, Signature of New	Registered Agent

Page 1 of 3

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 = A	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			☐ Remove		
			Change		
			Remove		
			Remove Change Add Remove		
			☐ Remove		
			Change		
			Remove		
		<u></u>	Change		
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			□ Chanas		

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	we only changir	ng the company name	, every ining else is the same.			
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Note: If	the date inserted	than the date of filing that the date must be specific and in this block does not soon the Department of the Department	id cannot be prior to date of filing or more than 90 days affe	ional) r filing.) Pr is date wil	irsuant to 605.02 I not be listed	07 (3)(b) as the
If the reco (b) The 9	rd specifies a o Oth day after t	delayed effective (the record is filed.	date, but not an effective time, at 12:01 a	a.m. on	the earlier	of:
4/ Dated	11/2019		;			
		Wilter Signature of a r	nember or authorized representative of a member			
	Kyrillos Younan		(a monute			
			Typed or printed name of signce			

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Filing Fee: \$25.00