L17000113186

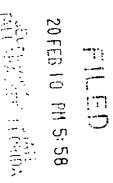
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COVER LETTER

Registration Section Division of Corporations

TO:

CUDICCT.	AZURE MEDICAL SERVI	ICES LLC			
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	TIMOTHY . OXENFORD	,			
Certificate of Status Certified Copy Certificate of St (additional copy is enclosed) Certified Copy					
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TIMOTHY . OXENFORD Name of Person OXENFORD MEDICAL LLC Finu/Company 1590 FREDERICK SMALL ROAD Address JUPITER FL 33458 City/State and Zip Code TOXENFORD@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TIMOTHY J. OXENFORD Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S225.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Nailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations					
		Firm/Company			
	1590 FREDERICK SMAL	L ROAD			
		Address			
	JUPITER FL 33458				
		City/State and Zip Code			
	*				
	E-mail address: (to be used for future annual report not	ification)		
For further information e	oncerning this matter, please c	all:			
TIMOTHY J. OXENFO	RD				
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	-	Certified Copy	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	 -				
-					
P.O. Box 632					
Tallahassee, l		2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZURE MEDICAL SERVICES LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>'ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number L17000113186	were filed on MAY 27, 2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
OXENFORD MEDICAL LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A	20	
(Principal office address MUST BE A STREET ADDRESS)			
		- PH (1)	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		8	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new register	
Name of New Registered Agent:	N/K		
New Registered Office Address:			
	Enter Florida street addr	ess	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and I am familiar with and F.S. Or, if this document is	

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
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			□Remove
			Change
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If an effective Note: If the	date is listed, the date inserted	than the date ne date must be sp in this block do on the Departr	ecific and can bes not meet	the applicat	date of filing cole statutory f	or more than 90 of the second	(optiona lays after filir ents. this da	l) ig.) Pursuar te will not	nt to 605 be liste	.0207 (ed as t
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Filing Fee: \$25.00