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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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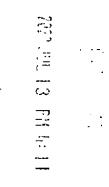
Office Use Only



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RECENTED JULI 3 2020



AUG 22 2020 S. YOUNG

COVER LETTER

		•	
MILLENNI	ALS IN MEDICINE LLC		
	Name of Lim	ited Liability Company	
Articles of	Amendment and fee(s) are sub	mitted for filing.	
all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	.
	17350 STATE HWY 249 :	STE 220	
		Address	···
	HOUSTON, TX 77064		
		City/State and Zip Code	
	E-mail address: (to be used for future annual r	eport notification)
formation c	oncerning this matter, please ca	all:	
OBSON			-9090
Name o	f Person	Area Code	Daytime Telephone Number
check for th	ne following amount:		
iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
		<u>Street Ad</u> Registra	dress: tion Section
ision of C	Corporations	Divisior	of Corporations
			itre of Tallahassee Monroe Street, Suite 810
	formation control of the control of	Articles of Amendment and fee(s) are sub all correspondence concerning this matter LOVETTE DOBSON INCFILE.COM LLC 17350 STATE HWY 249 S HOUSTON, TX 77064 EFILE1234@INCFILE.CO E-mail address: (formation concerning this matter, please colors of Person Name of Person check for the following amount: iling Fee \$30.00 Filing Fee &	MILLENNIALS IN MEDICINE LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing, all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual reformation concerning this matter, please call: DOBSON Name of Person Area Code Check for the following amount: iling Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is encling the company of the company

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLENNIALS IN MEDICINE LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	=
		ಪ
The Articles of Organization for this Limited Liability Company	were filed on 06/21/2017	and assigned
Florida document number L17000135301		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2337 SW ARCHER ROAD, 1031	
(Principal office address MUST BE A STREET ADDRESS)	GAINESVILLE, FL 32608	
Trincipal office data ess most be a street above so		
	2337 SW ARCHER ROAD, 1031	
Enter new mailing address, if applicable:	GAINESVILLE, FL 32608	<u>. </u>
(Mailing address MAY BE A POST OFFICE BOX)	GARVES VIELE, PL 52006	
	II a ab.	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registere
agent and/or the new registered office address neve.		
Name of New Devictored Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	Ciņ [,]	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I furth	er agree to comply with th

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	ANDREW TUCKER	2337 SW ARCHER ROAD, 1031	□Add
		GAINESVILLE, FL 32608	□Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
			□Change
			□Add
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			□ Add
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			□Add
			□Remove
			Change

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605: lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste occurrent's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed. JULY S 2020 Additional Significance of a member or authorized representative of a member		· ·		
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JULY 8 2020	ate, but not an effective lin	ie, at 12:01 a.m. on the	earner or: (b) The 90th day	aner me
Andrew Lucker Signature of a member or authorized representative of a member				
Hadrew Tucker Signature of a member or authorized representative of a member	2020			
Hadrew Tucker Signature of a member or authorized representative of a member		_		
Signature of a member or authorized representative of a member	wher-			
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ANDREW TUCKER - AM	1	k does not meet the applica artment of State's records. date, but not an effective time 2020 2020 ABR/MGR	k does not meet the applicable statutory filing requirement of State's records. date, but not an effective time, at 12:01 a.m. on the control of the statutory filing requirement of a member or authorized representative of a member of	k does not meet the applicable statutory filing requirements, this date will not be artment of State's records. date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day 2020 2020 gnature of a member or authorized representative of a member MBR/MGR