L17000135301

(Requestor's Name)
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COVER LETTER

	Registration S Division of Co			
SUBJEC	MILLENN T:	VIALS IN MEDICINE LLC		
	L.p.	Name of Lir	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
		ondence concerning this matter	_	
		LOVEITE 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.CO		
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please c	all:	
LOVETT	E DOBSON		855 829-9090 at ()	
	Name o	f Person		me Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	failing Addres egistration S		Street Address: Registration Se	ection
D	ivision of C	orporations	Division of Co	
	.O. Box 632 allahassee, I		The Centre of	
1	ananassee, l	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLENNIALS IN	MEDICINE LLC	237
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000135301</u> . This amendment is submitted to amend the following:	were filed on 06/21/2017	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	U
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne 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	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2337 SW ARCHER ROAD, 1031 GAINESVILLE, FL 32608	
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 i	name of the new registered
Name of New Registered Agent:		.
New Registered Office Address:	Enter Florida street 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 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
AMBR/MGR	ANDREW TUCKER	2337 SW ARCHER ROAD, 1031	□Add
		GAINESVILLE, FL 32608	
			≡ Change
			□Add
			□ Remove
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			□Change
			□Remove
			□ Change

Effective date, if other than the date of filing: (optional) (If 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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 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 the ord is filed. Dated Adama July S. Signature of a member or authorized representative of a member.	 				<u> </u>				
Effective date, if other than the date of filing:	_							 	
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Andrew Tucker	JUI Dated	LY 8		2020					
Signature of a member or authorized representative of a member	<u>-</u>	Hadren	Tuck	_` IL	<u> </u>				
		Wum	Signature c	of a member or a	uthorized rep	resentative of	member		