0212 Division of Computation Department of Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H17000219705 3))) H170002197053ABC% Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations : (850)617-6383 Fax Number Exom: Account Name : FASTKIT CORP Account Number : 12010000009 : (305)599-0839 2hone : (305) 592-9591 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 2011 AUG 17 Email Address: - T) HASSET LLC AMND/RESTATE/CORRECT, OR M/MG RESIGN ACCESS MED SOLUTIONS, LLC AM 9: ΓĒ Certificate of Status 0 64 1: 40 0 Certified Copy ____ 01 Page Count RECEIV: \$25.00 Estimated Charge ZOIT AUG 17 JULL AH Corporate Filing Menu Help Electronic Filing Menu K. SALY

AUG 1 8 2017

8/17/2017

| | STATEMENT OF CORFUCTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------|
| | STATEMENT OF CORF CTION 2017 AUG |
| | FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY |
| | The name of the limited liability company is: ACCESS MED SOLUTIONS, LLC |
| SECO | ND: The Florida Document number of the limited liability company is: L17000156212 |
| THIR | Articles of Organization filed on July 20, 2017 |
| | CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT |
| × | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: |
| | Article IV, naming the authorized persons to manage the LLC incorrectly included: |
| | Luis R. Diaz, 6350 W. Flagler St #4, Miami, Florida 33144, and is hereby deleted. |
| | The only authorized members are Enna Garcia and Rudolf Amaya. |
| | <u>OR</u> |
| | Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: |
| | |
| | <u>OR</u> |
| | The electronic transmission of the record was defective. |
| | Signature of Authorized Representative /Date / |
| Signati | re of new registered agent, if applicable '(NOTE: if correcting the registered agent, the new registered agent must sign |

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Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 60%. 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.

Registered Agent's Signature

Filing Fee: Certified Copy: \$25.00 \$30.00 (optional)