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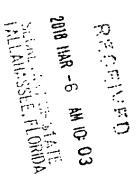
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PICK-UP	☐ WAIT	MAIL
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CORPORATE ACCESS, _

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236 East 6th Avenue. Tallahassee, Florida 32303

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xx	РНОТОСОР У			
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ХX	FILING	AMEND		
1.	HOSPITALAR GROUP LLC			
	(CORPORATE NAME AND DOCUMEN	T #)		
2.	(CORPORATE NAME AND DOCUMEN	T#)		
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PECIA	L INSTRUCTIONS:			
				
				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HOSPITALAR GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Company	were filed on AU	GUST 9, 2017	and assigned
Florida document number L17000169839	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :	
STRENA MEDICAL LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Pater and a siling address if applicables		N/A		
Enter new mailing address, if applicable:	E POVI	·		
(Mailing address MAY BE A POST OFFICE	<u>, BUA)</u>			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	N/A	<u>e</u> :		
		Enter Florida street address		
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of m provided for in Ch	ly duties, and I am fan apter 605, F.S. Or, if i	niliar with and this document is
	If Char	ging Registered Ager	14, <u>Signature of New Regis</u> t	tered 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 = N $AMBR = N$	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			□ Change
			□ Add
			OREMONE TO
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			☐ Change
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective Note: I	re date, if other than the date of filing:	0207 (3)(b) d as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	r of:
Dated_	Harch 5 , 2018.	
	Signature of a member or authorized representative of a member	
	Msei Lucy Listeria	