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COVER LETTER

TO: Registration Se Division of Cor				
MEDCILI SURJECT:	.c			
Solvice.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NAGI YOUSSEF			
		Name of Person		
		Firm/Company		
	3708 FARM BILL PLACE	E		
		Address	201	
	LAKE MARY , FL 32746		2010 DEC	- T
	RKHALIL25@GMAIL.CC	City/State and Zip Code 9M	90 J	Part of
	E-mail address: (to be used for future annual report notifi	cation)	,
For further information of	concerning this matter, please c	all:	3-	•
NAGI YOUSSEF		330 268-4995 at ()		
Name c	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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)	
MAII	INC ADDRESS:	STRFFT/COURT	ER ANDRESS	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDCI LLC (Name of the Limited Liability)	Company as it now appears on our records.)			
(A Florida L	imited Liability Company)			
the Articles of Organization for this Limited Liability Cor	mpany were filed on 10/31/2017	and assigned		
lorida document number L17000225373				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limite	ed liability company here:			
<u> </u>	, and the second			
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."		
nter new principal offices address, if applicable:				
	200	2011		
Principal office address MUST BE A STREET ADDRE	<u>.3.3)</u>			
		3**** [7]		
		- 33k - 5 F		
nter new mailing address, if applicable:	11301 CORPORATE BLVD	in the second se		
Mailing address MAY BE A POST OFFICE BOX)	BUILDING 400 , SUITE 315			
	ORLANDO , FL 32817	- Ω ω		
		\$14 -		
3. If amending the registered agent and/or registe	red office address on our records, e	nter the name of the		
egistered agent and/or the new registered office addre				
Name of New Registered Agent:				
New Registered Office Address: 3708 FA	ARM BILL PLACE			
	Enter Florida street address			

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.

Citv

LAKE MARY

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	NAGI YOUSSEF	3708 FARM BILL PLACE	
		LAKE MARY, FL 32746	□ Add
		LAKE MAKT, TE 32740	□ Remove
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