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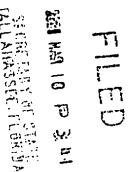
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

QX HOLD	INGS 15 LLC		
30bjec1.	Name of Lim	ited Liability Company	<del>_</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE VALDERRAMA		
		Name of Person	
	MENDEZ MOLIERI & C	Э.	
		Firm/Company	
	2600 S. DOUGLAS RD., S	SUITE 501	
		Address	
	CORAL GABLES, FL 33	134	
	-	City/State and Zip Code	<del></del>
	jvalderrama@mmco-cpa.co		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jose Valderrama		305 742-2800 at ()	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 17	Street Address: Registration Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**OX HOLDINGS 15 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 Liability Company were filed on  $\frac{01/02/2018}{1}$ and assigned Florida document number L18000000140 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NODUS MEDICAL AND PHARMACY SUPPLIES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ocument's effective date on the Dep	partment of State's records.			
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