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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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2020 APR 29 AM 11:53

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EPICUS MEDICAL, L.L.C.**

Certificate of Status	0
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APR 30 2020

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2020 APR 29 PM 1:43

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2020 APR 29 AM 11:53

EPICUS MEDICAL, L.L.C.

(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 01/17/2018 and assigned
Florida document number L18000012811

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1974 NE 149TH STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL. 33181

Enter new mailing address, if applicable:

1974 NE 149TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL. 33181

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:

WAINSTEIN DE BAHAMONDE, MARIANA

New Registered Office Address:

1974 NE 149TH STREET

Enter Florida street address

MIAMI

City

Florida 33181

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BAHOMONDE, FACUNDO	1974 NE 149TH STREET	<input type="checkbox"/> Add
		MIAMI, FL. 33181	<input checked="" type="checkbox"/> Remove
AMBR	ZILBERVARG, JUAN ARIEL	1974 NE 149TH STREET	<input type="checkbox"/> Add
		MIAMI, FL. 33181	<input checked="" type="checkbox"/> Remove
AMBR	WAINSTEIN DE BAHAMONDE, MARIANA	1974 NE 149TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33181	<input type="checkbox"/> Remove
AMBR	ZILBERVARG, JUAN ARIEL	1974 NE 149TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 APR 29 11:53

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 24

2020

Signature of a member or authorized representative of a member

WAINSTEIN DE BAHAMONDE, MARIANA

Typed or printed name of signer