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| (Re                     | equestor's Name)   |           |
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| PICK-UP                 | ☐ WAIT             | MAIL MAIL |
| (Bı                     | isiness Entity Nan | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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### **COVER LETTER**

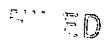
| TO:                               | Registration Se<br>Division of Cor |  | ۸   |   |  |
|-----------------------------------|------------------------------------|--|---|---|--|
| CHRIF                             |                                    | Medical LLC                                  |   |   |  |
| Name of Limited Liability Company |                                    |  |   |   |  |
| The end                           | closed Articles of                 | Amendment and fee(s) are sub-                | mitted for filing.  |   |  |
| Please                            | return all correspo                | ondence concerning this matter               | to the following:   |   |  |
|                                   |                                    | BelmarA. Irizarry                            |   |   |  |
|                                   |                                    |  | Name of Person  |   |  |
|                                   |                                    | Back and IN                                  | ledical LLC   |   |  |
|                                   |                                    | 907 Tidewater Ln Apt 469                     | Firm/Company  |   |  |
|                                   |                                    | Longwood Fl, 32750                           | Address   |   |  |
|                                   |                                    | belmar2279@gmail.com                         | City/State and Zip Code   |   |  |
|                                   |                                    |  | to be used for future annual report notifi                          | cation)   |  |
|                                   |                                    | oncerning this matter, please ca             |   |   |  |
| Belmai                            | r A. Irizarry Name o               | of Person                                    | 787 2422279at ()Area Code Daytime                                   | Telephone Number  |  |
| Enclose                           | ed is a check for the              | he following amount:                         |   |   |  |
| □ \$2:                            | 5.00 Filing Fee                    | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |

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



Back and I Medical LLC

2019 SEP 26 AM 10: 17

(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  $\frac{02/01/2018}{}$ and assigned Florida document number L18000029012 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Belmar Medical LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1355 South International Parkway St 1451 Enter new principal offices address, if applicable: Lake Mary, Fl 32746 (Principal office address MUST BE A STREET ADDRESS) 907 Tidewater Lane Apt 469 Enter new mailing address, if applicable: Longwood Fl 32750 (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: Toro & Associates Name of New Registered Agent: 250 International Pkwy, Ste 212 New Registered Office Address: Enter Florida street address Heathrow Fl City

#### 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                        | Type of Action |
|--------------|------------------|---------------------------------------|----------------|
| AMBR         | Carla M. Llantin | 349 Hanging Moss                      |                |
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| ective date, if other th                    | nan the date of filing: (optional)   |
| te: If the date inserted i                  | date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| ument's effective date of                   | on the Department of State's records.  |
|   | delegand effective data high each as effective times at 12.01 and an abba carling  |
| record specifies a c<br>he 90th day after t | lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the record is filed.  |
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| ed  | 2019   |
|   |  |
|   | Jan Jan  |
|   | Signature of a member or authorized representative of a member   |
| ,   | Belmar A. In Zarm Typed or printed name of signer  |
| <u> </u>                                    | Typed or printed name of signer  |

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Filing Fee: \$25.00